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ENSURING ACCESS TO QUALITY
HEALTH CARE IN CENTRAL ASIA

Six-Month Report June-December 2001

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KAZAKHSTAN
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COUNTRY SUMMARY BY PILOT SITE

Over the past six months the national policy environment for healthcare development in Kazakhstan remained unstable and ambiguous. The political crisis of late November contributed to destabilization when a number of high-ranking political figures with an active interest in the healthcare sector resigned. The process of reorganizing the Agency of Health into the Ministry of Health was also highly political, reflecting the conflicting interests of various healthcare system stakeholders. As a result, Kazakhstan to date has no consensus-based healthcare development concept that would clearly identify priorities and strategic directions for healthcare development at the national level.

Despite national-level instability, more pro-active oblast akims continued to support the development of healthcare systems driven by oblast-level needs. Given this situation, ZdravPlus continued pursuing a three-pronged strategy focusing on: 1) supporting national health policy development; 2) deepening healthcare reforms in existing pilot sites; and 3) widening health reforms by expanding the base of oblasts and institutions advocating for health reforms.

Karaganda

ZdravPlus's overall strategy in Kazakhstan presupposes intensive development of Karaganda as a leader in Kazakhstani health reform. Two important principles are used to support this strategy: 1) the process of strategy formation and implementation is largely driven by local initiative supported by ZdravPlus's extensive technical expertise; and 2) reform activities are calculated to produce rapid, concrete, replicable results with long-term implications relevant to both local and national policymakers.

During the last six months ZdravPlus conducted the following activities:

- further refined health financing and health information systems;
- supported rational pharmaceutical management training and the development of EBM-based clinical guidelines through the Drug Information Center;
- developed primary healthcare capacities through clinical training and basic equipment procurement;
- increasing the scope of services provided at the primary care level through the IMCI strategy implementation;
- studied the impact of PHC strengthening using IMCI as an example;
- continued the primary healthcare monitoring and evaluation pilot;
- encouraged population involvement through the Keeping Children Healthy campaign;
- conducted drug pricing and availability studies; and
- conducted workshops on health finance and information systems for national policymakers.

Of the above-listed activities, several are of particular interest to central asian health reform leaders. One such success was the Densaulyk-based health information system (HIS), supported by ZdravPlus. The HIS maintains an extensive health services database used to support provider payment and health quality systems. In the course of the past six months this data allowed the calculation of sex-age adjusters for the capitated payment of family group practices, and the simulation of options for the 2002 sex-age-adjusted capitated primary care budget. Also, the comprehensiveness of data contained in the database allowed it to be easily adapted to meet the information needs of the PHC evaluation and monitoring pilot successfully launched in Karaganda in April 2001. The experience in Karaganda shows that having a monitoring system in place not only allows information to be used for priority-setting and objective assessment of progress toward meeting health sector goals, but also allows providers, financing bodies, and policymakers to be more accountable in a positive and constructive way for how resources are being used and whether results are being achieved.

The official opening of the Karaganda Drug Information Center on July 18, attended by the Deputy Oblast Akim, Jennifer Adams (USAID), Professor Susan Foster (Boston University), Grace Hafner and Talgat Nurgozhin (ZdravPlus) as well as local counterparts (Department of Health), marked a milestone

in rational pharmaceutical management development. Over the past few months the DIC rapidly developed into a drug information dissemination, research and training center, boasting a team of highly committed professionals led by Professor Gulyaev and Chief Pharmacologist B. Yermekbaeva.

Health policymakers and health providers across Kazakhstan and the CAR took interest in the unique DIC activities, including: trainings on rational pharmaceutical management (RPM); EBM-based clinical protocol development; and research and information dissemination work. The analysis of the results of the drug pricing and availability surveys conducted by the DIC with ZdravPlus guidance will be available by end of this year and will serve as a practical management tool for oblast policymakers. (For more on the Karaganda DIC, see the *Rational Pharmaceutical Management* section under *Quality Improvement*)

Clinical training and equipment availability at family practices as essential elements of healthcare quality remained high priorities for ZdravPlus activities in Karaganda. Clinical training for both trainers of trainers and family group practices, provided by ZdravPlus focused on family medicine, clinical topics, IMCI, and RH. A significant amount of work was done in assessing FGP equipment needs and preparing the required documentation for equipment procurement in the amount of \$300,000, due in the first quarter of next year.

Population education and involvement activities were implemented through the ZdravPlus-supported Keeping Children Healthy Campaign. The campaign, aimed at improving the population knowledge of key health issues related ARI, CDD as well as breast-feeding, nutrition etc., broadly involved the health profession and the population. Interactive methods of work with the population such as caretakers' groups proved very successful.

The overall positive political environment underlying health reforms in Karaganda Oblast allowed steady progress over the past six months. This environment was created primarily through the commitment of the Oblast Health Department to pursuing a balanced evolutionary approach to healthcare development, and the synergy of cooperative relations between the Oblast Health Department and Densaulyk, supported by ZdravPlus technical assistance. The success of this cooperation were shared at the national and regional level when Karaganda organized workshops for representatives of the Agency/Ministry of Health and the Ministry of Finance, and hosted health reformers from other Central Asian Republics on the topics of implementing provider payment systems and information systems.

Zhezkazgan

In accordance with the ZdravPlus long-term strategy, Zhezkazgan is taking more and more responsibility for continuing and deepening health reforms in the region. The City Health Department, closely collaborating with the Family Practitioners Association, continues to demonstrate commitment to health reforms aimed at strengthening primary care.

In the past period Zhezkazgan engaged in the following activities:

- further developed family practices;
- developed the module health information system and its utilization both by health policymakers and health providers for better management practices;
- implemented the continuous quality improvement system;
- developed NGOs' capacities to advocate for primary healthcare strengthening and the rights of both the health profession and patients;
- carried out the clinical audit of the level of knowledge and practices of family practitioners within the broad training agenda; and
- piloted new reproductive health and family planning projects.

Over the course of the past six months Zhezkazgan developed its role as a true demonstration site, opening its doors to Kazakhstani and Central Asian representative to share the successes and lessons learned. Thus, Zhezkazgan hosted a delegation from Pavlodar to share their experience in family practice development, a delegation from Karakol, Uzbekistan, to share their experience in the continuous quality

improvement system; welcomed health economists from Uzbekistan to share their experience in health management. The Zhezkazgan representatives including the President of the Family Practitioners Association of Zhezkazgan, made a trip to Ust-Kamenorsk during the pre-enrollment campaign to share open enrollment experiences with their East-Kazakhstani colleagues. According to the assessment of the health information system made by an independent US consultant, “the success of HIS in Zhezkazgan and Karaganda needs to be emphasized, replicated and disseminated”.

The Zhezkazgan Family Practitioners Association has grown into one of the most active health sector NGOs in Kazakhstan, strengthening ties with international organizations such as Counterpart Consortium, developing the family practice development strategy in the region, assisting family practices in training, monitoring and assessing FGP performance results, organizing and implementing re-enrollment campaigns, and sharing experience with other regions in Kazakhstan and Central Asia.

In these conditions ZdravPlus sees its role in 1) assessing the family practice status in Zhezkazgan from a clinical viewpoint using objective criteria (see clinical audit described in *Family Medicine* under *Quality Improvement*); 2) providing technical assistance to the City Health Department in support of the local initiative by sharing international experience and promoting international standard and approaches in addressing various health issues.

Pavlodar and Kokshetau

Widening healthcare reforms in Kazakhstan is one of the major strategic directions of ZdravPlus activities in Kazakhstan. Pavlodar oblast and Kokshetau City presented excellent opportunities for implementing the ZdravPlus strategy due to the high commitment of the oblast governance to health reforms, and adherence to democratic principles of policy making.

Given the positive political environment both in Pavlodar Oblast in Kokshetau City for healthcare reforms, the existing network of family group practices creating the base for further primary healthcare development along progressive lines, ZdravPlus continued a two-pronged approach to instituting the reforms: 1) provided technical assistance focusing on accomplishing the enrollment process in both sites with the formation of population databases and addressing health finance issues; and 2) continued intensive dialogue with the political leadership of these two pilot sites about future directions of healthcare development.

Development and approval of the Pavlodar Oblast Health Development Program aimed at strengthening primary care was the focus of ZdravPlus's activities in Pavlodar oblast over the past few months. Importantly, the development and approval of the Program followed a full-fledged democratic process of broad discussions in the Akimat joint working group with the ZdravPlus participation, technical elaboration of the program in smaller technical groups, approval by the Oblast Akim administration, public hearings with broad involvement of mass media and, finally, approval of the local legislative body (maslikhat). Now the Program is a legal document setting the framework for healthcare development in the oblast over the next few years. The Program, unanimously approved by the Oblast Maslikhat on November 1, has laid a legal foundation for health reforms in Pavlodar Oblast for the next three years. However, recent changes in the Pavlodar Oblast Akim Administration create a great deal of uncertainty around the future direction of health reforms in Pavlodar Oblast despite the legally approved health development program.

Also in the last few months, ZdravPlus worked to improve the quality of health services provided in PHC settings. Thus, ZdravPlus conducted training in family medicine, assessed the needs of family practices in the oblast in basic medical equipment and prepared all necessary documentation for equipment procurement in the amount of \$200,000 to be procured in the first quarter of the next year by ZdravPlus.

The formation of the oblast population database will introduce new incentives to family practices through capitated payments linked to the enrollment results. To date, the population database is 65 percent completed. Additionally, the approved Health Development Program envisions the increase of the FGP capitated rate to 50 tenge (including partial fund holding) in the next year.

East Kazakhstan and Almaty Oblasts

Over the course of the past six months the ZdravPlus strategy in East Kazakhstan and Almaty Oblasts was contingent on the developments around the World Bank Health Project. Since after the WB Mission in May this year there were strong indications that the WB Health Project in Kazakhstan would be closed, ZdravPlus adopted a wait-and-see strategy in these oblasts, while continuing to provide well-balanced technical assistance in response to specific needs.

In East Kazakhstan ZdravPlus concentrated its effort on contributing to PHC development in the region and supporting the WB efforts to strengthen existing family practices through renovations and procurement of basic equipment. The following activities were conducted:

- trained FGP physicians and nurses on family practice and IMCI;
- trained FGP physicians in health management; and
- implemented the open enrollment campaign recently accomplished in Ust –Kamenogorsk City.

The preliminary results of the enrollment campaign (59.4%) indicate active population involvement in executing their right to free choice of primary healthcare provider. As the next step of open enrollment, ZdravPlus will contribute to the development of the population database based that will be used for adjusting capitated payments to family practices in the next financial year.

Recent meetings with EKO policymakers and health leaders indicate the commitment of the oblast to healthcare development focusing on strengthening primary healthcare. The Oblast Health Department requested political support and technical assistance from ZdravPlus particularly in the absence of the WB Project.

ZdravPlus will consider its strategy in East Kazakhstan and Almaty Oblasts taking into account of the WB Health Project closure implications, available resources, and the overall strategy in Kazakhstan.

Atyrau

ZdravPlus continued implementing the Atyrau Health Information Systems Development Project under the US Public-Private Initiative along the following strategic directions: 1) development of policy dialogue with the new leadership of the Oblast Health Department to confirm and specify the goals of the project taking into account the new health leadership's vision; 2) strengthening technical capacities of the project by executing a subcontract with the Kazakhstan information technology company Medinform; and 3) consistent implementation of project activities by splitting technical areas and responsibilities between ZdravPlus and Medinform to achieve best results.

The important result of the political dialogue was that the parties agreed on the major conceptual issues: 1) The HIS being created should serve the needs of the OHD in automating the health data collecting, processing and report generating functions; 2) The accumulated health services databases would allow various analyses and may serve as a basis for developing the OHD's function of monitoring and evaluation of the health status of the population and that of the health system. These conceptual agreements provided a foundation for the continuation of the project implementation within the framework of the Chevron/USAID/Abt ZdravPlus/Atyrau OHD MOU.

Following the adopted strategy, ZdravPlus and its subcontractor Medinform moved in complimentary directions. ZdravPlus focused on developing the Health Information Center, co-located in the Oblast Health Department building, as well as developing a rural HIS network. Medinform concentrated on adjusting and refining software for hospitals as the first stage of healthcare systems development.

The next steps in the short/mid-term period include final fine-tuning of the software and the network based on the test results to be gained by end of the year.

SUMMARY OF IR ACTIVITIES

Population Involvement

The major goal of the communication and promotion activities is to increase population awareness of personal health rights and responsibilities, turning them into active stakeholders in the health system. This is implemented through: 1) health promotion activities empowering individuals and communities with information related to risk factors and ultimately changing behavioral patterns in a positive way; 2) informing individuals about their rights and responsibilities and promoting conditions to exercise their right to choose a health provider.

Health Promotion

During this reporting period ZdravPlus built on previous successes in the area of health promotion by continuing and completing the Keeping Children Healthy (KCH) campaign in Ust-Kamenogorsk, Zhezkazgan, Satpaev and Semipalatinsk. The main purpose of the campaigns was to improve the knowledge, attitudes and practices related to acute respiratory infections (ARI), child diarrheal diseases (CDD), breast feeding, healthy habits, anemia and nutrition, by providing targeted messages through various media channels and organizations.

Strategically, the campaigns followed the IMCI training events provided by ZdravPlus, enhancing the overall impact of the IMCI strategy on health outcomes. In all sites, the campaign was implemented through a joint effort of local organizations such as primary healthcare facilities, Centers for Healthy Lifestyles, health NGOs and the local government.

To enhance the effectiveness of the campaigns, the ZdravPlus Health Communication team provided additional training related to the key messages of the KCH campaign to FGP nurses, who made up the main taskforce of the campaigns, and physicians. In the course of the campaigns the nurses delivered their messages to the population through lectures, information booths, and caretakers' groups. The success of the campaigns is due to a comprehensive approach, using different educational and information dissemination techniques, and various channels to deliver target messages.

The summary statistics below characterize the scope of work carried out in the course of the KHC campaigns in the past period:

- Dissemination materials/activities	# Units
- KCH brochure (Russian)	104,000
- KCH brochure (Kaz)	104,000
- Diarrhea flyer (Rus)	112,000
- ARI flyer (Rus)	112,000
- KCH poster	40,000
- KCH flyers, six types (Rus)	10,000 each type (60,000 total)
- Anemia magnet stickers	6,000
- FGP nurses trained	299
- FGP physicians trained	28
- Lectures to the population delivered	15,000
- Caretakers' groups organized	132
- Newspaper articles and announcements	267
- Video spots and announcements	294
- Radio spots (Rus and Kaz)	540

Additionally, the following materials were disseminated in the past period:

- STI brochure (Rus)	10,000
- STI brochure (Kaz)	10,000

- TB brochure (Rus) 10,000
- TB brochure (Kaz) 10,000

As a follow up, ZdravPlus plans to carry out the Knowledge, Attitudes and Practices (KAP) survey in a number of sites in Kazakhstan including Karaganda, Zhezkazgan/Satpaev, Ust-Kamenogorsk and Uralsk starting in December 2001. One of the major objectives of the KAP survey would be to survey the changes in population attitudes and practices in relation to the health issues covered by the KCH campaigns.

In addition to the KCH campaign, which constituted the backbone of ZdravPlus health promotion activities in the reporting period, the ZdravPlus Health Communication Team significantly contributed to the following national health promotion events: the “Health Professionals Vote for Healthy Lifestyles” campaign, organized by the National Healthy Lifestyles Center; and the II Kazakhstan Diabetes Sport Games organized by the National Diabetes Association in the course of the past summer.

During the “Health Professionals Vote for Healthy Lifestyles” campaign, the HCT disseminated population education materials – seven items of brochures (in Russian and Kazak) and flyers, one poster, three video and two audiotapes on ARI, STI, TB, diarrhea, anemia etc. Each site received one thousand copies of printed materials of each item and five-ten copies of video and audio (Russian and Kazak) materials. The event resulted in a conference held in Karakol, Kyrgyzstan, with participation of Kyrgyz and Kazakh Healthy Lifestyles Centers, UN, WHO, ZdravPlus representatives and health NGOs volunteers. The participants shared their experience and lessons learned in the health promotion area. The event created the synergies between the National Healthy Lifestyles Center, health professionals and ZdravPlus, and strengthened strategically important links between ZdravPlus and the Kazakhstan National Healthy Lifestyles Center.

In the course of the National Diabetes Sport Games, health promotion messages related to diabetes in the form of brochures and flyers were distributed to approximately 200 athletes from Kazakhstan and other CIS countries, and to hundreds of fans attending the event. Also, ZdravPlus sponsored a video film on diabetes carrying health promotion information to a broad audience. ZdravPlus’s sponsorship of the NGO-organized national-level event created a precedent for ZdravPlus activities in this area.

Enrollment

ZdravPlus activities to implement open enrollment as an essential element of PHC restructuring constitute an important part of ZdravPlus activities in the Kazakhstan, closely interlinked with other ZdravPlus activities supporting PHC development. Experience proves that the success of open enrollment is a result of the concerted efforts of various technical teams, policymakers, health providers and the population.

The complete open enrollment cycle goes through a process which includes the following steps:

- 1) political agreement on implementing open enrollment;
- 2) health provider education;
- 3) pre-enrollment information campaign marketing family practices to the population;
- 4) enrollment per se;
- 5) post-enrollment marketing campaign;
- 6) population database formation; and
- 7) capitated payment adjustment based on the enrollment results.

In parallel, clinical training is provided to FGP personnel, equipment procured and renovations carried out where possible to make PHC facilities more attractive to the population and enhance their clinical capacities.

Open enrollment in Ust-Kamenogorsk, implemented in the period from November 26 through December seventh, has been moving consistently through the above process strongly supported by ZdravPlus at each phase of its development. In the course of preparation for the enrollment campaign, the ZdravPlus HCT conducted meetings with the working group on enrollment, the City Health Department, WB and family physicians. Explanatory meetings on marketing and enrollment campaigns were arranged for 14 head physicians and 89 nurses, as well as a press conference and a live TV talk.

Additionally, Zhezkazgan physicians, invited by ZdravPlus, visited Ust-Kamenogorsk to share experiences and lessons learned from their own enrollment campaign. They met with the city health department authorities and the working group and visited all existing 14 SVAs to provide peer recommendations to their colleagues on marketing and enrollment issues. Preliminary enrollment result is 59.4% of the city population or 178,300 people.

The formation of the Ust-Kamenogorsk enrollment-based population database linked with capitated payment requires considerable effort on the part of local counterparts as well as ZdravPlus technical assistance over the next few months.

Simultaneously with Ust-Kamenogorsk, ZdravPlus supported Pavlodar in moving ahead along the enrollment process. The population database based on the Pavlodar, Aksu and Ekibastus enrollment results was formed, and open enrollment was conducted in FGPs in Kalkaman, Sharbakty and Maikain villages. In Kalkaman, 92% of the population is enrolled, in Maikain – 27% and in Sharbakty – 10%.

Zhezkazgan with limited ZdravPlus support conducted its regular re-enrollment campaign in late November-early December during which around 10-12% of the population re-enrolled according to the Zhezkazgan FPA preliminary data.

In the upcoming period ZdravPlus activities will focus on conducting open enrollment in the Karaganda pilot site and on completing the enrollment process in Pavlodar and Ust-Kamenogorsk.

Information Dissemination

In the past six months ZdravPlus made a considerable effort to expand the “Time to Be Healthy” newsletter, improving both the content and the format. To date three newsletters have been prepared and disseminated: 1) “Family Practice in Central Asia”; 2) “Pharmacy In Central Asia”; and 3) “IMCI Strategy In Central Asia”. In response to readers’ requests, and to facilitate feedback, several new columns were added: “Answering Your questions”; “International News”; “Announcements” and “ZdravPlus News”. Over the past six months the circulation of the Newsletter increased almost twofold to 1600 copies. The newsletter provides an important forum for a broad health professional audience, including Family Practitioners Associations, the Karaganda State Medical Academy, the National School of Public Health, health organizations from other Central Asian countries.

NGOs activities

ZdravPlus considers non-governmental organizations and individuals advocating for health reforms one of its main resources. Cultivating and efficiently using this resource is one of the major goals of the Project. ZdravPlus collaborates with NGOs on: encouraging community participation; developing favorable public opinion; mobilizing financial resources; expanding coverage; and improving quality of specific health programs (such as reproductive health).

In the course of the past period ZdravPlus continued developing collaborative relations with Counterpart Consortium, creating synergies in the areas of developing, increasing the sustainability of, and building the capacities of, non-governmental health organizations. Consistent effort was put in forging a coalition between ZdravPlus, Counterpart Consortium, and various health NGOs to pursue the following common goals and objectives: 1) advocate for health reforms, particularly primary healthcare development; 2) increase capacities of family practitioners associations as FGP advocates; and 3) expand community-based population education activities directed towards improving responsible behavior patterns.

The Zhezkazgan Family Practitioners Association, supported by ZdravPlus, has been developing collaborative relations with Counterpart Consortium. The following activities were conducted: issues of collaboration to develop FPA capacities were discussed; a community-level joint study to investigate the high infant mortality rate reported in June-July was carried out; four physicians from Zhezkazgan were trained on social partnership issues through Counterpart Consortium; the FPA prepared and won a Counterpart partnership grant. The main objective of the grant project is to help young mothers living in hostels to prevent disease in and death of infants under one year of age.

In the course of the reporting period ZdravPlus continued supporting the Business Women's Association of Kazakhstan (BWAK), focusing on developing the Red Apple hotline. In regular joint meetings with BWAK, ZdravPlus provided technical assistance in reviewing management and monitoring Hotline sites to ensure anonymous, reliable, publicly accessible, up-to-date reproductive health information. Additionally, ZdravPlus representatives visited the BWAK Almaty hotline and the Karaganda hotline site at the Institute of Languages to observe the Hotline operation. In November, the Hotline was also honored by a visit from Kent Hill, the USAID Europe and Eurasia Bureau Administrator.

ZdravPlus pursues a policy of being responsive to initiatives of health NGOs where possible within available resources. A good example of such collaboration is the II Diabetes Sport Games (described in *Health Promotion* under *Population Involvement*). At the request of the National Diabetes Association of the Republic of Kazakhstan, ZdravPlus sponsored the Games, providing health promotion messages related to diabetes in the form of brochures and flyers to the participants of the national sport event. The ZdravPlus-sponsored video on healthy lifestyles issues in the diabetes context is planned for TV demonstration.

Community Involvement

ZdravPlus continued to involve the population through health promotion campaigns such as: the Keeping Children Healthy Campaign in Ust-Kamenogorsk, Zhezkazgan and Satpaev, during which caretakers' groups were created to discuss child health issues; the "Health Professionals Vote for Healthy Lifestyles" campaign; and the II Diabetes Sport Games described above. These methods of population involvement proved efficient at delivering health information to broad public.

In the upcoming period ZdravPlus will continue population involvement activities targeted at both the population at large and broad health professional audience, through conducting KAP surveys, information dissemination activities including regular ZdravPlus Newsletters, and through broader involvement of mass media.

Quality Improvement

Improving the quality of primary healthcare is critical to the success of reforms in which comprehensive healthcare reform is built on primary care. The major building blocks for quality improvement are: family practice development; clinical training; implementation of new EBM-based clinical protocols and practices; rational pharmaceutical management; development of physical capacities of primary healthcare providers (level of equipment and renovations). In the previous period ZdravPlus made progress in these areas through collaboration with local counterparts and other donor organizations.

Family Medicine

Training PHC health professionals in family medicine and clinical issues is unconditionally acknowledged both by national policymakers and health providers to be one of the most essential elements of PHC development in Kazakhstan. Over the past six months ZdravPlus provided training in the following major areas: 1) family medicine and clinical issues for FGP personnel; 2) training of trainers; and 3) practical training and consultations.

ZdravPlus sponsored and conducted an "Introduction to Family Medicine" course in Karaganda. The training course covered 72 trainees including 15 physicians from rural areas and smaller towns, and 57 physicians from Karaganda City. The comprehensive course curriculum included all basic principles of family practice. In the course of the training, handouts, WHO materials, copies of a Pocket Cross-Reference Book and of a Drug Formulary Manual were distributed. Also, the videos "Enrollment in Zhezkazgan", "Healthy Motherhood" and others were demonstrated. Seventy copies were distributed to the trainees.

ZdravPlus organized and sponsored an eight-week training course "Internal Medicine for Pediatricians" at the Almaty Post Graduate Institute for Physicians that will have been completed by December 28. The course covers 35 pediatricians from Pavlodar, Semipalatinsk, Ust-Kamenogorsk, Zhezkazgan and

Satpaev. ZdravPlus invited US family physicians (Dr. Kermanshaki and Dr. Raymer) and an Abt consultant (Virginia Keng) to supplement the scheduled training during the course.

Training of trainers is a strategic direction for training activities in Kazakhstan, pursuing short term and long-term goals. In the short term, TOTs are aimed at filling the current gap in professional FP trainers in Kazakhstan who can provide training/re-training to existing physicians. The long-term goal consists of creating the faculty capacities in the country and laying the foundation for sound professional education in family medicine in the country.

Pursuing the above goal, ZdravPlus funded three trainers from the Karaganda Family Medicine Center to participate in a ten-month training course provided by DFID. The course included a study tour to the UK during which the trainers visited family medicine facilities and were able to get a good overview of how family medicine is practiced internationally. As a follow-up, the same trainers attended the DFID family medicine TOT course in Almaty. ZdravPlus covered all costs associated with this training. Now these trainers continue the TOT program in Almaty on a monthly basis.

Practical training and peer consultations on family medicine provided to FGPs constituted an important part of ZdravPlus training activities in the past period. Virginia Keng, ZdravPlus Family Medicine consultant, provided training and consultations to Karaganda, Pavlodar and Ust-Kamenogorsk FGPs from September until November 2001. She was involved in a broad range of activities, including: meetings with health authorities; clinical discussions with trainers and students; clinical sessions with PHC physicians; reviewing clinical algorithms; clinical seminars with chairs of family medicine; interviews with local media; etc. Her detailed trip reports are available at ZdravPlus both in Russian and English.

In the past period, ZdravPlus initiated a Medical Audit project in Zhezkazgan, a ZdravPlus core pilot site, aimed at assessing the level of knowledge and practices of family physicians, and identifying problem areas to develop clinical training programs for the future. The huge analytical work carried out by the ZdravPlus team of clinical specialists (Dr. Kuter, Damila Nugmanova, V. Boborykin, Azhar Nugmanova) will result in a final report, soon to be available in Russian and English. The preliminary results of the report will be first discussed with FGPs in Zhezkazgan. This is the first ZdravPlus attempt to comprehensively assess the impact of FGP physician clinical training on the quality of care provided at PHC level, and will serve as a quality management tool replicable in other health reform sites.

IMCI

In the course of the reporting period, ZdravPlus continued implementing the Integrated Management of Childhood Illnesses (IMCI) strategy in Kazakhstan. Major ZdravPlus activities within the IMCI implementation program included: 1) providing an IMCI eleven-day standard training course in Karaganda and Ust-Kamenogorsk; 2) further developing the IMCI training course for nurses; 3) promoting the collection of statistics for IMCI to improve analytical capacities in the country and progress with the IMCI study in the Karaganda pilot site; 4) contributing to the IMCI training program carried out as part of the WB Health Project in Almaty Oblast; 5) finalizing the IMCI training process in Semipalatinsk; 6) monitoring physicians already trained in IMCI under ZdravPlus to ensure correct IMCI practices.

The summary statistics below provide information on the scope of training, and sites where the training was conducted during the reporting period. The trainee target groups included physicians, nurses, health managers, trainers and feldshers.

Training sites	# Total trained
Karaganda	103
Ust-Kamenogorsk	104
Semipalatinsk	20
Almaty	9
Taldy-Korgan	56
Total	296

IMCI follow-up activities constitute an important part of the ZdravPlus-supported IMCI implementation program. In the past period monitoring was carried out in the following sites implementing the IMCI strategy

- Semipalatinsk: according to plan, all 72 physicians trained in 2000 were visited in the past period by 10 trained specialists managed by the Chief City Pediatrician who is also the Regional IMCI Coordinator. The results are being analyzed;
- East Kazakhstan: 6 trainers especially trained for follow-up activities, provided visits to 12 physicians trained in IMCI. Two pilot sites – Shemonaikha and Glubokovsky were included in monitoring activities. In the future, follow-up activities will follow a schedule developed by the local IMCI coordinator in collaboration with ZdravPlus;
- Karaganda: follow-up activities began in July 2001 and are coordinated by the local IMCI coordinator. So far 9 FGPs in Karkaralinsky and Osakarovsky Raions (rural) and 9 FGPs in Maikuduk (urban) have been visited. All future activities will continue to be financed by ZdravPlus.

Another important issue related to successful IMCI implementation is IMCI drug procurement. IMCI drugs are not available in the pilot sites in adequate quantities and forms. Addressing the issue, ZdravPlus conducted meetings with health officials and the WHO liaison office. In an October meeting with WHO it was decided to send a formal letter to the Agency of Health proposing to delegate IMCI drug procurement issues to the National IMCI Center and National IMCI Committee.

ZdravPlus-Karaganda is also studying the impact of IMCI implementation on hospitalization patterns in terms of health outcome and cost implications. An initial evaluation was recently completed and will be a good baseline for future work here.

In the next period ZdravPlus will continue IMCI activities in the major directions described above, focusing on follow-up IMCI monitoring activities in the pilot sites, the IMCI study in Karaganda, and IMCI drug procurement.

Reproductive health

Integrating reproductive health and family planning into PHC, which contributes to expanding the scope of PHC services and the restructuring of the healthcare system in the long run, remains one of ZdravPlus' major goals. Given the sensitivity of reproductive health issues, ZdravPlus continued the strategy of forging alliances with local and international organizations and NGOs pursuing common goals. In the past period, ZdravPlus concentrated its efforts and resources in the following areas: 1) providing reproductive health and family planning through implementation of the Red Apple Hotline Grant through BWAK, (see also *NGO Activities* under *Population Involvement*); 2) supporting innovative CQI reproductive health pilot development in Zhezkazgan; 3) supporting RH training through KMPA, a local NGO; 4) supporting RH clinical guidelines development and testing in collaboration with the Kazakhstani health policymakers, specialists and other donor organizations; and 5) conducting national-level policy dialogue to create a positive environment for reproductive health and family planning development.

The Reproductive Health CQI project in Zhezkazgan continued to be developed. As part of the process, the representatives of two CQI pilot FGPs in Zhezkazgan participated in the second CQI training seminar in Karakol, Kyrgyzstan where some advanced concepts like Indicators, Use of Indicators for Monitoring, Leadership, Types of Leadership, and other important topics were introduced to the audience. Additionally, analysis, and the situational leadership model were introduced during the training. As a follow-up, Zhezkazgan hosted six physicians from the Karakol CQI project where they were introduced to how the CQI concept is used in practice at Zhezkazgan's FGPs. Further work will be focused on expanding the use of the existing CQI system to other sites and topics.

Reproductive Health training continued despite problems related to the Mexico City Policy. Due to the inability of the NGO KMPA to agree with the Mexico City clause in the cooperative agreement with Abt Associates Inc., this process had to be terminated. Quickly recovering from this unfortunate event, a five-

day training course for 15 FGP-level physicians in Karaganda's Maikoduk and Yugovostok raions (all ZdravPlus pilot sites) was still conducted by local trainers during this period. A follow-up for these newly trained physicians and a number of other training courses are planned for 2002. ZdravPlus is covering all training costs.

ZdravPlus continued supporting the development of Reproductive Health Clinical protocols through the joint effort of UNFPA and the Maternal and Child Health Center. The clinical protocols will be tested by FGP physicians in Zhezkazgan at the beginning of 2002.

ZdravPlus began dialogue with the Karaganda and Zhezkazgan Health departments on starting a Safe Motherhood pilot early next year. This pilot will most likely concentrate on Zhezkazgan; however an international WHO consultant will visit the oblast at the end of January and all decisions will then be made. Also In the next period, ZdravPlus will concentrate its efforts on further implementation of CQI in Zhekazgan, RH training, and the testing and implementation of RH clinical guidelines.

Rational Pharmaceutical Management

Rational pharmaceutical management (RPM), as one of the principal contributors to the quality of healthcare, is an important and so far one of the most successful areas of the ZdravPlus Program. Key ZdravPlus activities in the pharmacy area for the past period centered on: 1) training activities in rational pharmaceutical management conducted under the Karaganda drug information center (DIC—see also *Karaganda* under *Summary by Pilot Sites*) and supported by ZdravPlus; 2) completing the ZdravPlus drug availability and pricing studies; 3) developing the Karaganda Formulary System and 4) pharmaceutical information dissemination.

Training activities conducted through the DIC were a tremendous success in marketing these services across Kazakhstan and in neighboring countries. Thus, in the past period,, the following training events took place:

- one-day seminar by Professor Susan Foster, Boston University and ZdravPlus consultants on drug pricing and manufacturing, topics of particular interest for local policymakers;
- "Hypertension Pharmacotherapy" seminar for 15 FGP physicians;
- "Basic Practical Skills in Pharmo-economics" training seminar for 60 health organizers;
- one-day "Rational Anti-Biotic Therapy of Bronchitis and Pneumonia in Outpatient Settings" seminar, attended by 120 trainees
- short information seminars prove to be very popular. At one of the seminars seminar on drug formularies, 10 participants were expected, but 70 actually attended!
- two-day pharmacy seminar on drug pricing and procurement through non-profit wholesalers, and outpatient drug benefits. Conducted in collaboration with the International Dispensary Association (IDA) for pharmacy leaders from Ministries in Uzbekistan, Kazakhstan and Kyrgyzstan

These activities, conducted under the DIC, drew attention throughout the region. Thus, Kustanai Oblast approached ZdravPlus for assistance in developing a DIC. While Kustanai is not a pilot oblast, ZdravPlus will provide limited technical advice. The Karaganda DIC hosted a Kustanai delegation, and a visit by Karaganda DIC staff to Kustanai will be funded. Atyrau Oblast also requested assistance in developing a DIC. The decision about whether to offer assistance in Atyrau will depend on USAID's advice.

ZdravPlus continues planned work on the drug use study in ARI, CDD and other PHC-sensitive conditions. The data collected over the summer was entered into the Epi format and will be used for generating various analyses.

In the up-coming period ZdravPlus will continue its pharmacy activities, using the Karaganda DIC as the stronghold for its activities in the country.

EBM

ZdravPlus continued promoting the EBM-based approach to clinical guidelines development through: the National Expert Committee under the Agency/Ministry of Health; activities in Karaganda; regional CAR and CIS exchanges; and collaboration with other donor organizations. A recent example of collaboration

and exchange was the December study tour to Moscow and Dubna, Russia. Participants included seven representatives from Central Asian Ministries of health and postgraduate institutes. The program focused on Clinical Practice Guidelines Development and Implementation. It was a joint ZdravPlus and AIHA Activity.

At the oblast level, ZdravPlus assisted Karaganda counterparts in reviewing and making recommendations on the Karaganda hypertension guidelines, and began a dialogue on implementation strategies.

At the national level, ZdravPlus specialists discussed the development of national clinical standards and guidelines with the Ministry of Health. In the near future the MOH is expected to conduct a 50 million Tenge tender for the development of clinical guidelines. ZdravPlus expressed its readiness to assist the successful bidder/s in developing five-ten clinical standards and in the subsequent development of the respective clinical guidelines.

ZdravPlus continued to support and supervise the methodologists trained at the National Public School base. The methodologists have completed their literature reviews on the four topics selected earlier in the year. The next step will be to hold a meeting with the expert committee in order to present the reviews and get comments. Then the topics will be assigned to specific high level clinicians affiliated with the major institutes in the country, and these senior people will develop the actual guideline draft.

Also, extensive work was done on completing and publishing a Book of Abstracts, which was to be distributed at the Tashkent Family Medicine Conference. This book was a result of inviting doctors and others to submit abstracts, which demonstrate the use of evidence in education and in family medicine. Over 80 abstracts were collected, and reviewed by the selection committee (ZdravPlus and DFID).

In the next few months ZdravPlus will focus on promoting EBM in Karaganda using the DIC as a base to promote EBM-based medicine through participation in the clinical guidelines development tender, and also to further train methodologists. The methodologists based at the School of Public health most likely will begin to support the work of the Karaganda group.

Improving Resource Use

Improving efficient utilization of available healthcare resources is closely linked to the following policies and technical issues: 1) health financing policy in general, including additional funding sources; 2) funds flow and pooling of funds; 3) provider payment systems; 4) health information systems supporting PPS; and 5) health management. All these issues remained the focus of ZdravPlus activities in the past period.

Health Finance Policy

The health financing remains a major focus of health policy in Kazakhstan. Though the national budget is projected to be increased by 30 percent in 2002, the issues of rational and efficient utilization of the available resources remain on the agenda both at the national and local levels impeded by significant obstacles such as chronic shortage of health funds, inadequate funds flow, conflicting regulations governing the budget, treasury and GosZakaz systems, lack of conditions for successful implementation of new provider payment systems and others.

Addressing these issues in the past period, the Agency/Ministry of Health, the Ministry of Finance, and the Government moved in the following major directions: 1) discussed increasing available health funds either by implementing mandatory health insurance or, alternatively, by increasing the budget; 2) revised the guaranteed benefits package; 3) revised Decree # 806 regulating new provider payment systems; 4) attempted to estimate the health budget for 2002 by developing and estimating the costs of clinical standards and drugs.

ZdravPlus provided technical assistance both at the national and local levels to help address the above health finance issues. Activities included: participating in national working groups to improve the budget formation process; developing policy papers on finance policy in the event that either the healthcare

budget is increased or MHI is implemented; developing a policy paper on funds flow, including the Treasury and Goszakaz systems. Importantly, in response to health finance planning needs, ZdravPlus initiated a JWG under the Ministry of Health that would address the broad issue of health finance planning.

In addition to daily collaboration with the MOH finance specialists, ZdravPlus provided workshops to national policymakers on health finance policy using Karaganda as a demonstration site and involving health reformers from other regions (Pavlodar) in health finance discussions. During the seminars the issues of health budget classification, funds flow, pooling of funds, Goszakaz and Treasury system in relation to the new provider payment system were discussed. The positive outcome of the workshops was that national health policymakers were convinced of the necessity to retain the new provider payment systems, while adjusting the Goszakas and the Treasury system regulations respectively.

At the local level ZdravPlus concentrated its effort on the following issues:

- *Karaganda* : further improving new provider payment systems by developing sex and age adjusters for PHC capitated payment and revising DRGs for inpatient case-based payment;
- *Pavlodar*: providing technical assistance to local health leaders in developing the FGP capitated budgets, retaining the oblast-level pooling of funds and the health provider/purchaser split;
- *Ust-Kamenogorsk*: developing dialogue with local health leaders on a single-payer system and funds pooling at the oblast level; providing training to policymakers and health providers in the oblast on clinical statistical groups for hospital payment.
- *Zhezkazgan/Satpaev*: providing technical assistance to the City Health Department to justify the increase of the capitated rate for family group practices. The justification was based on the data provided through the Health Information System and was used by the City Health Department as a management and policymaking tool.

In the next few months ZdravPlus will follow the strategy of being responsive to the Ministry of Health providing maximum technical assistance in addressing the broad issues of health budget formation, health finance planning mechanisms, funds flow, and mandatory health insurance as the issues arise. Significant effort will be put into conducting national and local workshops for health finance specialists in response to Ministry of Health and local needs.

At the oblast level ZdravPlus will continue promoting the conditions required for successful implementation of new provider payment systems: oblast-level funds pooling, compatibility of the Treasury, GosZakaz and provider payment systems. ZdravPlus will work on further improving capitated payments based on sex-age adjusters produced from re/enrollment results particularly for Karaganda, Ust, Pavlodar and Zhezkazgan/Satpaev. Seminars on health management will be continued.

Health Information Systems

In the previous period ZdravPlus concentrated its effort on developing health information systems in the following major areas: 1) developing the ZdravPlus health information systems strategy; 2) developing and completing the major components of the Module Health Information System in Zhezkazgan; 3) providing technical assistance for developing and utilization health information systems in Karaganda, Ust, Pavlodar and Kokshetau; 4) supporting provider payment systems and population databases; 5) developing the Atyrau HIS within the US private-public initiative.

Conceptually, ZdravPlus supports the broader use of HIS capacities for policy and decision-making purposes both at the national and health provider level. Monitoring and evaluation are technical areas where HISs are absolutely essential. In the previous period Karaganda and Zhezkazgan demonstrated the efficient use of information both at the health department and health provider levels for monitoring, evaluation, management and decision making purposes. In the upcoming period ZdravPlus will pursue the policy of emphasizing, replicating and disseminating the success of HISs in these sites.

In the past period Zhezkazgan made significant progress toward developing and finalizing the core modules of the Module Health Information system: the health services and population database modules

and their interface. The HIS will allow individualized registration of health services provided to the population. In practical terms in December of this year, four pilot health facilities in Zhezkazgan will shift to the new system and, after testing and fine-tuning, the official presentation of the Module HIS will take place. Before launching the HIS test in pilot facilities, ZdravPlus made a huge effort to train the entire health and administrative personnel involved in the test. In all, 11 groups of 8-10 people underwent training.

In Pavlodar, Kokshatau, and Zhezkazgan much effort was put into developing population databases based on the enrollment/reenrollment results. ZdravPlus HIS specialists refined the population database design, adding new functions to speed up the data entry process while forming population databases. Importantly, the refined software product can be used in other regions of Kazakhstan to form population databases.

The development of the Atyrau Health Information system in cooperation with the local subcontractor Medinform (described in *Population Involvement* under *Atyrau*) progressed according to plan. The experience of subcontracting to local companies is important for future Zdravplus activities given the limited human resources of the project.

Over the past few months the following major activities were carried out:

- All computers and other hardware procured through the Public-Private Initiative, were distributed, installed and related problems fixed;
- LANs were installed 1) at the Oblast Health Department; 2) the Oblast Hospital and City Hospital for Adults;
- LANs are being installed at the Railway Hospital, Oblast Maternity Home and Oblast Children's hospital;
- Continuous OHD and health facilities personnel training was provided;
- Commercial e-mail boxes were opened in seven rural raions, the Psychiatric Dispensary, and the City Children's Infectious Diseases Hospital;
- the software program adjustments for hospitals are nearing completion and were installed in the two hospitals. The installed and respectively adjusted software will allow generating 15-20 output forms and respective clinical-statistical reports for inpatient care.

In the next few months ZdravPlus HIS specialists will focus on: 1) making further adjustments to the HIS development strategy in response to realities and practical needs of healthcare; 2) Completing the Module Health Information System in Zhezkazgan and its rollout where possible; 3) developing HISs in Ust, Pavlodar, and Kokshetau geared to forming enrollment-based population databases and provider payment systems (capitated rate, DGRs); 4) developing Karaganda HIS capacities to evaluate and monitor pilots; 5) implementing the Atyrau HIS project through the concerted effort of Abt, Medinform and OHD is planned.

Improving Legislative, Regulatory and Policy Environment

As described in the Country Summary section, the current national level health policy and legal environment in Kazakhstan remains difficult, uncertain and ever more complicated due to the recent political crisis in the government. In response to this highly demanding environment, ZdravPlus made considerable efforts to closely monitor changes in the national health policy, and be competent and technically prepared for any turn of events. Thus, despite the significant effort put into the development of the Healthcare Development Program and the Mandatory Health Insurance Concept, neither of the documents has been approved by the Government.

Legal and policy development

Over the course of the reporting period ZdravPlus continued building constituency for the reforms in this challenging environment. The strategy consisted of building cooperative relations with the Agency/Ministry of Health as well as working directly with the Government, Parliament, the Ministry of Finance and other agencies.

In the area of legal and policy development ZdravPlus concentrated on the following major issues:

- Additional funding of healthcare from the budget as an alternative to MHI;
- The role of health insurance, and conditions required for successful implementation of MHI;
- the role of private insurance companies and voluntary insurance within the MHI system;
- guaranteed benefits package;
- restructuring the health delivery system with multiple urban PHC models;
- health finance planning, funds flow and pooling of funds;

Addressing the above issues, ZdravPlus worked intensively both at the national and oblast levels. ZdravPlus continued working in all national-level working groups organized by the Ministry of Health (MHI, Guaranteed Benefits, GosZakaz) and promoted the formation of a JWG on PHC development and Health Finance Planning.

A considerable effort was made to educate national-level policymakers. Thus, in the previous period a national-level study tour to the UK and the Netherlands was organized through the joint effort of the WB, DFID and USAID/ZdravPlus, introducing key political figures in Kazakhstan (Mr. Doskaliev, Minister of Health; M-me Korzhova, Vice Minister of Finance; Mr. Rakhypbekov, Prime Minister Councilor on health issues; Mr. Baiserkin, Government; Mr. Devyatko, Head of the Almaty City Health Department) to the healthcare and financing systems in other countries. Representatives of the Agency/Ministry of Health were continuously invited to all ZdravPlus workshops and conferences.

In addition, ZdravPlus organized study tours to neighboring countries (Kyrgyzstan and Uzbekistan) to study their experiences with health reforms, MHI, PHC development and other issues. ZdravPlus invited prominent international consultants from Russia and the US to provide technical assistance and share international experience in MHI, health finance, clinical guidelines, drug pricing and procurement, TB and HIV control issues. A ZdravPlus legal consultant provided continuous technical assistance in reviewing legal regulations and draft concepts prepared by the Government and the MOH.

In the upcoming period ZdravPlus will continue pursuing the policy of being responsive to MOH needs using its technical expertise where possible to ensure the best possible outcome of the policies preferred by the Ministry of Health and the Government.

At the local level ZdravPlus worked in several directions: 1) provided technical support to broad health policy development efforts; 2) worked with local health authorities on specific programs to bring in international experience and technical expertise and ensure compliance with international criteria; 3) responded to other oblasts in Kazakhstan initiating health reforms.

Thus, in the past period ZdravPlus supported the successful development of the Pavlodar Oblast Health Development Concept for 2001-2003 (see *Pavlodar and Kokshetau* under *Summary by Pilot Site*). In Zhezkazgan ZdravPlus specialists contributed to the adjustment of vertical programs initiated by the City Health Department realigning the programs along internationally accepted criteria. ZdravPlus provided immediate response to the West Kazakhstan oblast to provide technical assistance on broad health development. In response to the West Kazakhstan Oblast Akim's request, a fact-finding trip to Uralsk by a ZdravPlus consultant was made, and the process of collaboration established.

In the future, ZdravPlus will strengthen policy dialogue with policymakers in the core pilot sites of Karaganda/Zhezkazgan, as well as in EKO and Kokshetau. It is expected that Pavlodar will require particular attention in terms of policy making due to the recent changes in the Oblast Administration. ZdravPlus will continue developing policy dialogue with West Kazakhstan, and will be open to all local initiatives within available resources.

Analysis, evaluation and research

System analysis, evaluation and research are important directions of the ZdravPlus project aimed at assessing health policies' impact on various aspects of the healthcare system. In the past period ZdravPlus continued monitoring, evaluation and analysis activities in pilot sites along the following directions: 1) the effect of PHC strengthening on the healthcare system at large; 2) health outcomes

through the implementation of international guidelines and practices (IMCI); 3) improvement of clinical practices through the provision of clinical training; 4) introduction of EBM-based clinical guidelines; 5) changes in drug prescription practices through the promotion of rational pharmaceutical management; 6) population behavioral changes through health promotion.

Thus, in Karaganda ZdravPlus, through a joint effort of the Karaganda Oblast and City Health Departments and Densaulyk, has developed an analytical system for monitoring the performance of the 26 facilities that make up the primary healthcare sector in Karaganda City to ensure that PHC in the city is achieving measurable results for the health of the population. The monitoring system is based on objective indicators of performance, combines financial and clinical indicators to simultaneously monitor quality and efficiency, and uses an open, participatory process to interpret and feedback the results to continuously improve the quality of primary healthcare services. The monitoring system is being used to track overall performance and results, and to identify priority areas to be targeted for improvement by individual facilities and the system as a whole. The monitoring system in Karaganda began implementation in April 2001, and although it is too early to assess trends and draw conclusions about performance, improvements are already visible, such as a reduction in inappropriate ambulance calls.

Over the next year ZdravPlus will continue the monitoring and evaluation pilot in Karaganda, accumulating the required data, providing analysis, preparing an analytical intermediate report and finally making a comparative analysis comparing 2001 against 2002.

A significant achievement in the past period was the accomplishment of the drug pricing and availability study in Karaganda through the new Drug Information Center. The final report is already available in Russian. The study, arousing much interest on the part of the local policymakers, provides analytical information allowing evaluation of the pharmacy situation in Karaganda City. Importantly, the findings and conclusions provided by the study could be of use for national-level policymakers addressing the issues of drug pricing in the process of health budget formation for 2003. In general, the unique study significantly contributes to the establishing a monitoring and evaluation function in the health sector.

KYRGYZSTAN

6-Month Report

December – May 2001

COUNTRY SUMMARY BY PILOT SITE

The ZdravReform and ZdravPlus Programs have worked closely with Kyrgyz partners and other donors through four operational phases of health reform: 1) development of the initial health reform model and testing at the Issyk-Kul pilot site; 2) roll-out of this model to Chui Oblast and Bishkek City; 3) refinement and expansion of the health reform model, incorporation into a national legal and policy framework, and national extension; and 4) institutionalization into the MOH and HIF of the ongoing refinement of the health reform model and management of the reforms.

Over the last six months, ZdravPlus largely completed the process of realigning its program to support the institutionalization of the health reforms into the MOH, HIF, Educational Institutions, and NGOs. This is extremely important as a clear definition of institutional structure, roles, and relationships will allow the health reforms to continue to develop and evolve within the Kyrgyz framework and culture. Given 3-4 more years of support from ZdravPlus, the World Bank Health II Project, and other donors, the health reforms in Kyrgyzstan should be sustainable. The institutionalization strategy has already paid dividends as it ensured that ZdravPlus support for health reform in Kyrgyzstan was only marginally affected by the events of September 11th.

The major focus of the Kyrgyz health reforms continues to be development and implementation of the single-payer system. Implementation continued successfully in Issyk-Kul and Chui Oblasts, incorporating significant refinements based on operational experience. Preparations began for Talas, Osh, and Naryn Oblasts to enter the single payer system next year. Based on observations of the implementation and the evolution of the health reforms, ZdravPlus believes that it has proven the hypothesis that establishing a comprehensive, integrated framework or umbrella at the health system level (single payer) creates the space needed for provider-level quality improvement activities to move forward rapidly. This has happened over the last six months with examples including the reproductive health quality improvement system and development of provider capacity to use and analyze data to improve decision-making.

The MOH maintains its asset and comparative advantage of excellent donor coordination, while ZdravPlus is collaborating with many other donors and projects including:

- World Bank Health II Project, which became effective in September.
- WHO, in particular the Monitoring and Evaluation Project.
- DFID – in particular the Human Resources Project. In addition, DFID is in the process of developing a number of other projects that ZdravPlus will collaborate with including sanitary-hygiene for water (health promotion), pharmaceuticals, HIV/AIDS, and mental health.
- Swiss Agency – the Swiss are working on pilots in Naryn Oblast, they are doing an excellent job and ZdravPlus is collaborating with them.
- ADB – it appears the ADB South Kyrgyzstan Social Sector Project is slowly beginning to move. ZdravPlus is collaborating with them to develop FGPs, specifications for FGP equipment and renovations, and design, development, and specifications for computers and health information systems.

There is only one major constraint in the Kyrgyz health reforms and it is a big one—the overall economic and financial picture in Kyrgyzstan. The situation for the MOH and HIF has worsened over the last six months due to not receiving planned transfers of funds from the Social Insurance Fund and Republican Budget. However, the step-by-step process of reform is paying off in the confidence and validity of health policy-makers and the support of population. The MOH and HIF are extremely active in working with the Parliament, President's Office, Government, Ministry of Finance, Social Insurance Fund and other stakeholders to increase the priority of allocation of available funds to the health sector. Early

indications of the results of this policy dialogue are encouraging and the situation should be clearer in six months.

As the Kyrgyz health reforms are now national and activities in different oblasts are described in detail in the programmatic sections, only a brief summary of the oblast sites is provided below.

Mature Sites – Issyk-Kul and Chui Oblasts

Issyk-Kul and Chui Oblast continued to implement the single-payer system providing the broad institutional and financing structure for health reform. It must be noted that Issyk-Kul remains an important pilot site for evolving aspects of the reforms. Currently, a provider-level quality improvement system is being tested in Issyk-Kul. After refinement it will be extended to other areas of Kyrgyzstan.

Emerging Sites – Bishkek City and Osh and Jalal-Abad Oblasts

While PHC restructuring has been completed in Bishkek, it is still an emerging site as there are so many other aspects of health reform needing to be addressed in the capital city including the restructuring and rationalization of republican facilities. It hasn't been finalized whether Bishkek will enter the single payer system in 2002. Most likely 2002 will be spent in preparation for full implementation in 2003.

Since 1998, ZdravPlus has worked in four pilot sites in South Kyrgyzstan: Aravan and Now-Kat Rayons in Osh Oblast, and Bazaar-Korgon Rayon and Jalal-Abad City in Jalal-Abad Oblast. Over the last six months the process of extending the formation of FGPs and other elements of the health reforms throughout Osh and Jalal-Abad Oblast intensified. This will be a long and sometimes difficult process because of the size of South Kyrgyzstan and the differences in mentality and culture. This expansion will be a ZdravPlus priority over the next year.

New Sites – Naryn, Talas, and Batken Oblasts

Over the last six months, ZdravPlus intensified work in the new sites of Talas, Naryn, and Batken Oblasts. For a combination of reasons—probably including difficult financial situations, the interest of oblast leadership, size, and the lack of support from other donors and projects, these three oblasts are very interested in reform and work is progressing well. ZdravPlus is completely institutionalized in these oblasts, working with the HIF and NGOs such as the FGPA to support reform. In Naryn Oblast ZdravPlus is collaborating with the Swiss Project. Given the current pace of reform and the inevitable difficulties in Osh and Jalal-Abad Oblasts and Bishkek City, it is possible that these three oblasts as new sites may progress more rapidly than the emerging sites.

SUMMARY OF IR ACTIVITIES

Population Involvement

Health Promotion

The process of institutionalizing health promotion activities got off to a good start in the past six months. Under the new institutionalized framework, four major activities were undertaken: 1) health promotion work to support the pilot project on sexually transmitted infections (STIs) in Tokmok; 2) training of trainers (TOT) on interpersonal communications skills; 3) preparations for the baseline Knowledge, Attitudes and Practices (KAP) survey, and 4) preparations for the CINDI survey. In addition, ZdravPlus assisted the new Republican Health Promotion Center with organizational activities. Finally, ZdravPlus undertook significant oblast-level health promotion and community involvement work in collaboration with a variety of NGOs.

In an effort to institutionalize health promotion capabilities, ZdravPlus agreed with the MOH in the spring to hire a health promotion specialist to concentrate on communicable disease issues—the ZdravPlus health promotion agenda—at the proposed Republican Health Promotion Center. In July, after a competitive selection process, the director of the Republican Health Promotion Center and ZdravPlus

agreed to hire Dr. Ainagul Sulaimanova to fill that position and she began work. Dr. Sulaimanova receives technical direction from the director of the Republic Health Promotion Center, broad strategic guidance from the ZdravPlus Regional Reproductive Health/Health Promotion Director and administrative oversight from the ZdravPlus Quality Coordinator in Kyrgyzstan. In addition to assigning a staff member to the Republican Health Promotion Center, ZdravPlus has provided assistance to the center on organizational arrangements. Thus far, the collaboration between ZdravPlus and Republican Health Promotion Center has been deemed very successful by both sides.

Support to the Pilot Project on STIs

A major focus of program activities has been to support the pilot project on STIs in Tokmok, Chui Oblast (see section on Quality Improvement.) A baseline KAP survey on STIs and HIV/AIDS was conducted in October to provide baseline data allowing the impact of STI health promotion activities to be assessed. It showed that, while almost all respondents had heard of STIs, only a few knew of specific infections. Just 25 percent had heard of syphilis, 24 percent of HIV/AIDS and 19 percent of gonorrhea—other STIs were less known. Thirty-nine percent of respondents recognized that STIs are transmitted through sexual intercourse with an infected person—but there was also much misinformation about how STIs are transmitted—and only 32 percent cited condoms as a method of prevention. Most respondents thought a person with STIs should receive treatment at the Republican STI prophylactic center—but almost half the sample would be ashamed to go to specialized medical organizations—and only 14 percent cited family medicine clinics. With respect to HIV/AIDS, the survey found that 46 percent of the sample thought that AIDS cannot be cured and 41 percent of respondents recognized that a person with HIV can look healthy. More than two-thirds (68 percent) knew that use of non-sterile needles for injections and blood transfusions would transmit HIV-infection, but just 44 percent thought that more than one sexual partner could put you at risk and only 35 percent knew about mother-to-child infection. In terms of prevention, 38 percent of respondents thought that condoms were the main means of protection; 27 percent cited having just one sexual partner; and 22 percent stated use of single-use syringes for injections.

Brochures, leaflets and posters on STIs were produced and disseminated for the pilot project, with input from the ZdravPlus Kazakhstan marketing team, which supported a similar pilot project in Zhezkasgan, Kazakhstan. A contest was launched among FGPs to encourage them to conduct public education activities on STIs in their communities, to disseminate print materials and set up information centers on STIs. Students were designated as a priority target group for the campaign and meetings were held with the Tokmok Education Department and individual schools to solicit their involvement. There was also considerable media coverage of the campaign.

Training of Trainers in Interpersonal Communications Skills

A two-week regional TOT on interpersonal communications skills was conducted by Dr. Galina Korchagina, a WHO consultant from St. Petersburg, Russia, from December 17 to 28 in Bishkek. This workshop was originally scheduled for October but had to be postponed due to the security situation. Twenty people from the Family Medicine Excellence Centers, Health Promotion Centers, the Medical Academy, ZdravPlus in Kazakhstan, and elsewhere attended. Major topic areas included skills for communication, verbal and nonverbal communication, listening skills, use of audio-visual aids, counseling and group education. The methodology provided plenty of opportunity for the participants to practice their training skills in the classroom. This TOT has provided the foundation for the participants to go on to train FGP staff and others—particularly in the areas where ZdravPlus is providing clinical training in IMCI, reproductive health and STIs—to communicate more effectively in counseling sessions and through group education. It is a key intervention in ZdravPlus's plans to help FGPs become community resource centers for health information.

KAP Survey

Immediately after the Uzbekistan KAP survey was fielded and analyzed in late summer, work began to prepare for the KAP to be administered in Kyrgyzstan. The survey provides data on public knowledge on a dozen health topics, including the health reforms, and will be conducted annually for the duration of the

project to assess the impact of the project's work in population involvement and to inform project activities. Consideration was given to including additional questions, the survey was translated into Kyrgyz, pretested and revised. A tender was conducted for a research firm to conduct the survey and analyze the results, and the contract was awarded to SIAR. At the close of the reporting period, WHO requested some minor changes in the survey instrument and began to explore the possibility of expanding the survey to oblasts not covered by ZdravPlus to become a key planning and monitoring tool for health promotion for the Government.

It is anticipated that the final KAP survey will be fielded in January in Issyk-Kul, Jalalabad and Talas Oblasts.

CINDI Survey

The CINDI survey is an internationally comparable survey on behavioral risk factors for non-communicable diseases. Conduct of the survey is being jointly supported by ZdravPlus and WHO in Kyrgyzstan. Final modifications to the CINDI survey tool were received from WHO in the early fall, paving the way for the adaptation of the instruments for Kyrgyzstan, translation, and preparation for fielding the survey. The survey will be conducted by the National Statistical Committee. Preliminary data from the survey are expected in February 2002.

Oblast-Level Health Promotion and Community Involvement

Over the last six months, ZdravPlus accomplished a significant amount of grassroots health promotion and other activities designed to involve the community in health. Rather than detail all these specific activities, this report gives an example of one activity. In Issyk-Kul Oblast, every Thursday there is a radio program "Hour of Health" where information on a specific health topic is provided, and listeners call in with questions that are answered on the air. Specific health topics and questions have included:

- Alcohol and Alcoholism – Dinara Imanalieva, Karakol FGP Physician – questions asked by listeners included: 1. What problems might be the result of alcoholism? 2. What is the standard dose of alcohol? 3. Advantages and disadvantages of taking alcohol? 4. How much time is needed for the alcohol to be out of organism? 5. Can vodka prevent or treat a cold?
- Dysentery – Edil Sadykov, Issyk-Kul Oblast IMCI Coordinator – questions asked by the listeners included: 1. Is garlic useful in case with dysentery? 2. Why is there blood in stool of a sick patient? 3. What should be done in case of detecting first symptoms of dysentery? 4. Can a sick patient use antibiotics without a doctor's consultation? 5. What preventive measures should be taken with dysentery?
- Breastfeeding – Cholpan Uralieva, Karakol FGP Physician – questions asked by listeners included: 1. Why breast milk is healthier than other milk for infants? 2. Why is breast-feeding becoming more popular? 3. Is boiled water necessary for the infant with breast-feeding?
- IMCI in General and Measles in Particular (connected to national measles immunization campaign) -- Edil Sadykov, Issyk-Kul IMCI Coordinator – questions asked by listeners included: 1. What reaction might there be after receiving a measles vaccination? 2. Into what part of the body is the vaccine injected? 3. If a client is a guest or on a business trip where can they receive vaccination? 4. Where can students and correspondence students receive the vaccination? 5. Do Russian citizens have the right to receive this vaccination? 6. Is vaccination free? 7. If one was already sick with measles should he/she receive this vaccination? 8. Why are only people aged 7-25 are covered by this vaccination/?

As ZdravPlus initiates work in Talas Oblast, the program is finding Talas to be extremely interested and active in health reform, and in involving the community in health. ZdravPlus is working with the NGO Asyl on health promotion and community involvement, providing training on marketing and how to work with the media. Over the next year, ZdravPlus expects this work to expand, and considers Talas Oblast NGOs to be good candidates for the small grants program.

Enrollment and Public Awareness of Health Reform

Other than some general strategic planning, little work was done on enrollment over the last six months as the MOH health reform plans do not envision enrollment starting in South Kyrgyzstan until late 2002.

The MOH and Health Insurance Fund (HIF) continued to intensively inform and educate the population concerning health reform in general and the new single-payer system in particular. The majority of this public awareness effort was targeted at increasing population's awareness concerning their rights and responsibilities related to health benefits and co-payments. ZdravPlus provided technical assistance and materials for TV and radio spots, newspaper articles and advertisements, and information distributed through providers including brochures and posters. Some of the public awareness work was done together with NGOs. For example, in Bishkek ZdravPlus assisted the NGO Zdorovie (Health) and the Center for Assistance to Women in developing their public relations capacity and working with the media.

The next step is to institutionalize a public relations function in the MOH and HIF. Planning is in process for the development of a MOH/HIF Press Center. ZdravPlus expects to support this over the next year through the provision of a consultant and materials. The Press Center will have a number of responsibilities ranging from publicizing health reform to a variety of audiences, to training health policymakers and practitioners on how to interact with the media.

Quality Improvement

Family Medicine Physician Education and Training

Overview

Related to Quality Improvement in Kyrgyzstan, a focus of this report is Family Medicine Physician Education and Training, as over the last six months it has significantly progressed, consolidated, institutionalized, and shifted focus from short-term retraining to long-term medical education. As a key component of health reform, family medicine (FM) is being successfully introduced through a combination of short-, mid-, and long-range programs. The main short-term program, training of family medicine trainers (TOT), will be completed in July 2002 for physicians. The main mid-range program, the retraining of former internists, pediatricians and gynecologists to become Family Group Practice (FGP) physicians, is about halfway accomplished and has been extended nationally. Now the focus is shifting to programs that should continue long-term: the new national FM residency and a new national continuing medical education program for family doctors. ZdravPlus subcontractor STLI worked closely with Kyrgyz counterparts over the last six months to continue development and implementation of these programs.

TOT Program

Last summer the fourth class graduated from the TOT Program. There were a total of 13 graduates, with a distribution of 4 from Bishkek, 3 from Jalal-Abad, 2 from Osh, 2 from Naryn, and 2 from Talas. These trainers have returned to the Family Medicine Training Centers (FMTCs) in their respective oblasts and are working to retrain FGP physicians, preparing to serve as FM residency sites, and developing a new continuing medical education program. The FM Nurse TOT Program also graduated a class last summer and continued work to develop the program and place graduates within the nurse education structure.

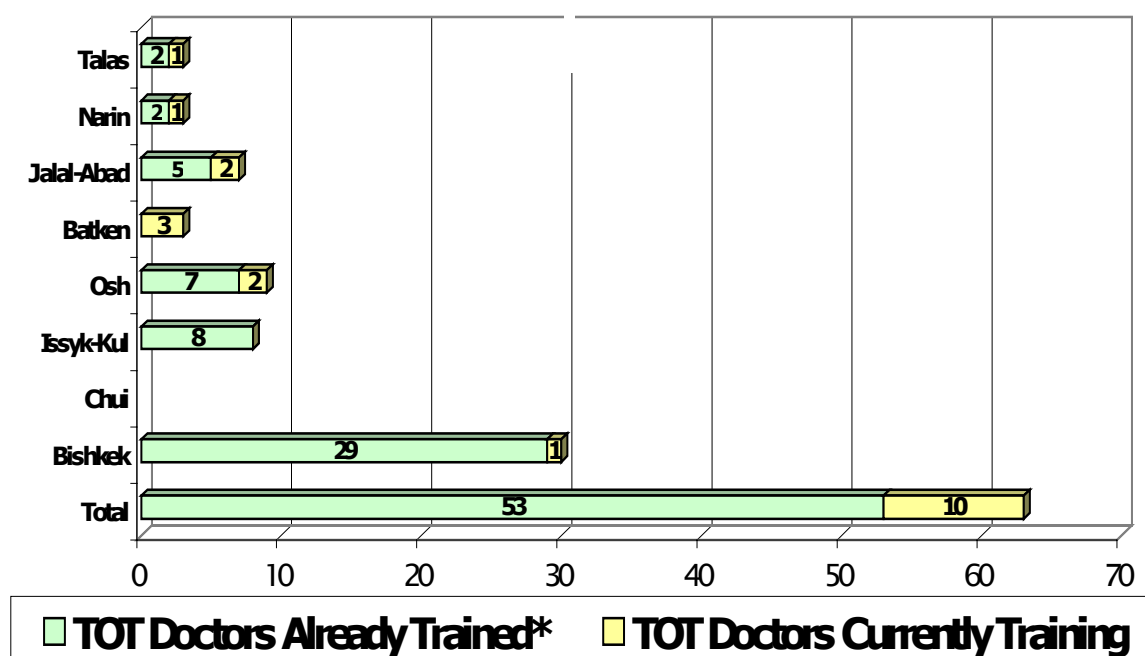
In the fifth TOT class starting last September, for the first time two foreign TOT trainees were accepted into the TOT program. The two trainees are from Tajikistan, and WHO is partially funding the two Tajik doctors together with ZdravPlus. The Kyrgyz State Institute for Retraining and Continuous Education of Health Workers (IRCEHW) is considering a plan to continue the TOT program next year for more foreign trainees, primarily from other Central Asian Countries. If this program is successful, it will provide an ongoing source of financial support for the FMTC Network, making it more sustainable.

The fifth and last scheduled class of FM physician trainers for Kyrgyzstan will graduate from the year-long TOT course in July 2002. That will make a total of 63 graduates from the program. Most are now working as FM trainers either for the Medical Academy or for the network of FMTCs associated with the IRCEHW. A few of the graduates are working directly for polyclinics or FGPs, and one is now working directly for the MOH Health Reform Department coordinating the development of evidence-based clinical practice guidelines.

FGP Retraining

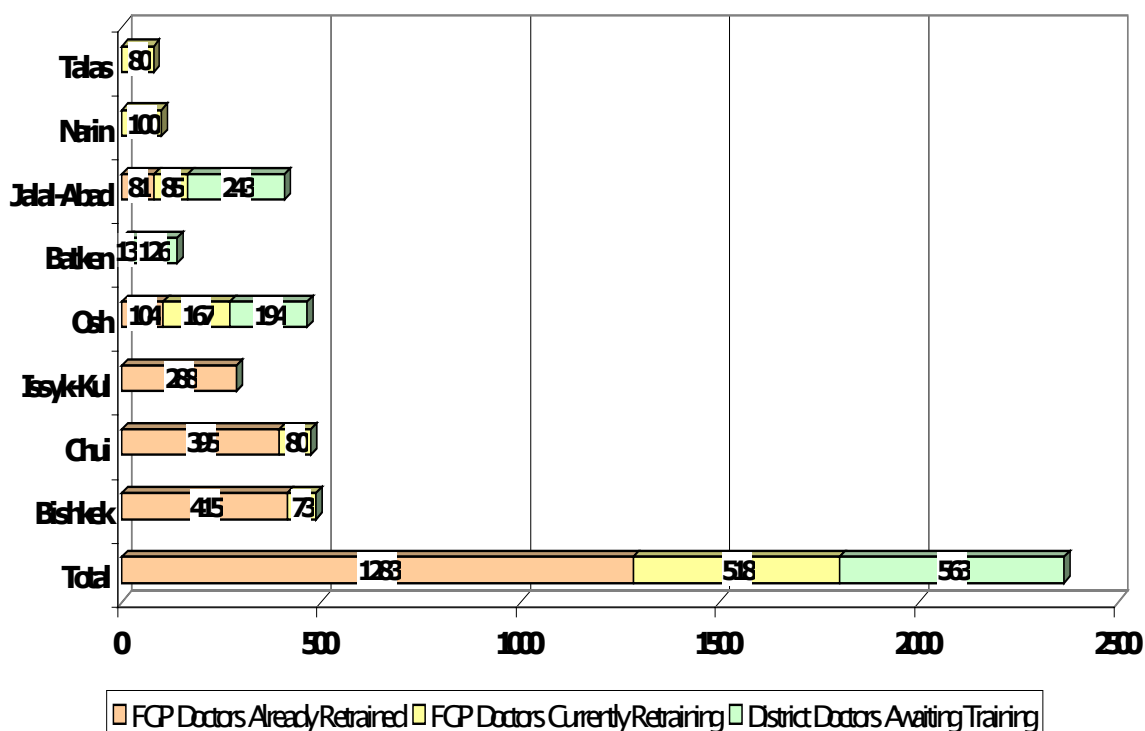
To date, 1283 FGP doctors have successfully completed their initial retraining program. The program consists of 7.5 months of combined theoretical and clinical instruction spread out over a two-year period. The training process is complete in Bishkek, as well as in Issyk-Kul and Chui Oblasts. About 25% of the FGP doctors in the Osh and Jalal-Abad Oblasts have completed the course, and another 260 will complete it in February 2002. Doctors from Naryn and Talas Oblasts just started Phase I of their retraining this month in Bishkek. They will do their Phase II training at the new FMTCs that are currently being developed in Naryn and Talas. In 2002, the IRCEHW will open a FMTC in Batken, which will complete the goal of having an FMTC in every oblast staffed with graduates of the FM TOT program. By the end of 2005, a total of about 2350 former specialists throughout the country will have completed the FGP retraining course. In addition, the FGP nurse retraining program was initiated in Issyk-Kul and will continue to develop and expand to other oblasts over the next year.

TOT and FGP Retraining Program Summaries as of December 2001



*10 of the FM teachers in Bishkek were trained for the FM Dept. of the Medical Academy.

**Number of District Doctors Retrained, Currently Retraining, or to Begin Retraining as 'Family Group Practice' (FGP) Doctors in Kyrgyzstan
As of Dec. 2001, Listed by Oblast**



FM Residency Training

In September of this year, the Medical Academy and the IRCEHW joined their fledgling FM residency programs to form a single unified national FM residency program. They established an association to organize and manage the joint program of these two medical education institutions. This is the first major cooperative program between these institutions, and ZdravPlus (Abt/STLI/AIHA) is pleased to help facilitate the organization and development of this long-term FM program. Probably the biggest success in the planning stage was obtaining permission to decrease the total size of the first year class to 50. Prior to this, there were over 100 residents per class. At the same time, the number of outpatient residency training sites increased from 3 to 6, and the number of FM trainers involved in residency training has also increased. These improvements should result in better quality of FM residency education, which is essential for the long-term success of FM and the health care reforms.

Next year, some of the second-year FM residents in this new program will go to their home oblasts to do a two-month rural rotation under the supervision of the FMTC in their oblast. Hopefully, this will increase the likelihood that new family doctors from outside Bishkek will return to their home oblast to live and work.

Continuing Medical Education (CME)

Since graduation, the individual TOT graduates have received further training in a wide variety of 1-2 week seminars, most of which have been a part of various vertically designed national or international health programs. This year in October, led by STLI's Charley Hardison, the Bishkek FMTC hosted a formal faculty development conference for the nation's new cadre of FM trainers. Afterwards, the conference material was placed in a CD-ROM format. A similar conference planned for April 22-26, 2002 in Bishkek will include FM doctors from other Central Asian countries.

The FM Department of the IRCEHW is currently planning a new CME system for the country's new family doctors. A CME pilot project for FGP doctors is scheduled to start this month in Issyk-Kul Oblast and at the FMTC in Bishkek. This project will combine new concepts of continuous quality improvement (CQI) and CME, and will focus on the individual FGP level. However, it will also utilize national and oblast-level personnel and resources, including new computer-based health information systems developed with the help of ZdravPlus and others.

Monitoring and Evaluation

At this stage in the national health care reform process, everyone is aware of the need for ongoing evaluation of the process. In the area of FM training, this need is being addressed at multiple levels. At the individual level, the trainees continue to be routinely tested. In the TOT program this occurs every 1-2 weeks, and in the FGP retraining program it occurs at the end of their course. Pass rates for both programs have been over 90%. At the FGP level, the plan is to support roll-out of the the internal CQI program, developed by ZdravPlus's Reproductive Health Team and successfully field tested in three FGPs in Issyk-Kul. This CQI project should help create demand for appropriately targeted CME at the FGP level. At the Republican level, we have helped organize a working group to develop and synchronize clinical quality indicators. These new indicators are linked with the new clinical practice guidelines from the Ministry of Health. Most, if not all, of the national entities involved in monitoring health care quality are involved in this working group.

Institutionalization

The local staff of all the FMTCs is assuming more and more responsibility for all aspects of the programs. The roles of the four long-term foreign doctors from STLI are shifting from designing and implementing programs to mentoring the local staff. This institutionalization will continue and should result in increasing the sustainability of the FMTCs and the development of FM in Kyrgyzstan. In addition, the IRCEHW's status was elevated from the level of a Republican Center to the level of a Kyrgyz State Institute. Dr. Chubakov was elected as the rector for the institute for the next 5 years. This should also help improve the status and sustainability of the FMTC network.

Providing an International Model for the Introduction of Family Medicine Course

The family medicine training activities in Kyrgyzstan continue to attract international attention. Over the past year many international visitors came to see the program, and visits are being planned for delegations from Jordan, Eritrea, and Armenia for the spring of 2002. Dr. Chubakov and his FM Department Head, Burul Djucenova also gave a presentation about their training programs at the European Regional Meeting of WONCA (the World Organization of Family Physicians) in Finland. Director of Academic Affairs for the Bishkek FMTC Anara Abilova, and foreign consultant Paul Fonken represented the programs at the American International Health Alliance conference in Washington, D.C., giving a presentation at the American Academy of Family Physicians Annual Assembly in Atlanta. In addition, Dr. Abilova won scholarships to attend the National Meeting of the American Society of Teachers of FM and to study medical education at the University of New Mexico for six months.

Summary

The introduction of family medicine is proceeding steadily in Kyrgyzstan. The process is now truly national, and is becoming increasingly institutionalized. The quality of education is improving in general, as local trainers get more training and experience. The decrease in the number of new FM residents and an increase in the number of clinical training sites should also allow for improved training quality. Emphasis is gradually shifting from the shorter-term programs (TOT and FGP retraining) to the longer-term programs (residency training and CME). Finally, the programs are providing an effective model for other countries involved in reform.

Evidence-Based Medicine/ Clinical Guidelines Development

The MOH approved eight new clinical guidelines as follows:

- Asthma
- Acute Respiratory Viral Illnesses
- Acute Diarrheal Disease in Children

- Intestinal Tract Infections in Adults
- Peptic Ulcer Disease
- Hypertension
- Iron Deficiency Anemia
- Normal Pregnancy and Delivery

In general, this appears to be a good beginning. The need for change was recognized and addressed. The MOH worked closely with the Medical Academy and Institutes, and a process of consensus-building took place. At the same time, there is considerable room for improvement related to improving the evidence base, comprehensively addressing all issues in a clinical area, and involving all stakeholders in the process. The MOH views clinical guidelines as a priority and ZdravPlus will continue to provide technical assistance and training to the content and process of developing new clinical guidelines.

A draft proposal for developing a Quick Reference Guide for approximately 80 common primary health care conditions was presented to MOH staff. The Guidelines Coordinating Committee will now review the proposal. Once approved, the drafting of the actual Guide will begin and ZdravPlus will support this process. It was agreed that the guide should be based on international sources, but adapted to the local setting with the help of national counterparts.

Medical Accreditation Commission (MAC)

In the spring of 2001, the Medical Accreditation Commission (MAC) established a strategy and plans to develop new standards and processes for accrediting health providers. Their timeframe consists of developing new standards and processes for accreditation through the fall of 2001, testing them on selected providers during the winter of 2002, and refining and starting to use the new standards and processes to accredit all providers by the spring of 2003. In general, they are meeting or exceeding the timeframes in their plans.

A Draft Regulation ‘On Medical Accreditation’ was agreed to by health sector stakeholders including MOH, HIF, FGPA, HA, and Educational Institutes. It was submitted for coordination with other ministries before approval. The MAC held meetings with other ministries and departments including the Ministry of Finance to facilitate coordination and approval of this regulation.

In concert with other stakeholders, the MAC is close to completing a new draft of hospital standards, which will then be reviewed widely by all stakeholders. In addition to the standards, over the last six months the MAC developed substantial documentation for accreditation including: 1) Program of Medical Accreditation in the Kyrgyz Republic; 2) Manual for Surveyors on How to Perform Medical Accreditation; and 3) Guidance for Health Facilities on How to Implement a Self-Assessment Based on Accreditation Standards.

The MAC identified a pilot health care facility in Jayul Rayon in Chui Oblast for a test of the new accreditation standards. Early indications are that the standards are understood, clear, and innovative in their structure and content. This process of developing, testing, and refining the accreditation standards and process will continue over the next few months.

Hospital Association (HA)

The combination of the MOH granting more functions and autonomy to develop as an NGO, and USAID support from both ZdravPlus and Counterpart Consortium, has allowed the HA to develop rapidly over the last six months, and they are now a real player in the health sector. They have an established, functioning board that elected the Director of the HA and continues the process of developing broad policies and strategies. Counterpart Consortium training has facilitated development of governance, organizational structure and staff.

The HA continued to support the hospitals in the development of rationalization plans, collection and analysis of human resources data, and adapting to new provider payment systems under the single-payer. They worked with hospitals to develop provider-level costing and management tools for use by hospitals as they are granted greater management autonomy. One of these tools is a database and process to

support hospitals in analyzing health financing for 2002. The HA is contributing to the new Health Management Courses by developing a program for testing health facility managers after completing the series of Health Management Courses. The HA developed a paper on hospital reform in Kyrgyzstan, submitted it, received an invitation, and participated in an international seminar on Hospital Policy in Goteberg, Sweden. They are actively searching for opportunities and applying for grants from international organizations including the International Federation of Hospitals. Finally, the HA is enhancing its information dissemination function, for example, they are developing a web site.

Family Group Practice Association (FGPA)

Like the HA, the combination of the MOH granting more functions and autonomy to develop as an NGO, and USAID support from both ZdravPlus and Counterpart Consortium has allowed the FGPA to develop over the last six months. Counterpart Consortium training has facilitated the development of governance, organizational structure, and staff. The National FGPA held their annual conference last summer. Representatives from all affiliated oblast FGPAs, as well as many FGPs, attended. The conference focused on reporting FGPA activities to members, developing strategies and plans, and addressing organizational issues. On October 22-26, 2001, a national FGPA board meeting was held in Osh. The national FGPA is aware of the need to involve South Kyrgyzstan and to ensure involvement in the FGPA from throughout the country. Finally, the national FGPA held a roundtable on the Role of the FGPA in Kyrgyzstan. Partnering with the state, with executive agencies, and with community and political organizations on improving the health status of the population was discussed.

The FGPA has significantly developed its capacity for advocacy and is now involved in policy dialogue related to all issues faced by FGPs and primary health care in general. The national FGPA continued to provide advocacy and technical input to the evolution of FGPs into Family Medicine Centers (FMCs) with affiliated FGPs. The new draft FMC and FGP Affiliate regulations were largely finalized. The national FGPA also engaged in advocacy and policy dialogue related to shifting resources to primary health care to increase FMC and FGP budgets.

The FGPA is developing and implementing a number of technical activities to support their member FGPs. While their activities are too numerous to detail in this report, representative examples include: 1) participating in planning for family medicine re-training in Osh, Jalal-Abad, Naryn, and Talas; 2) providing computer training for FGP staff as part of their member services activities; and 3) FGPA affiliates in all oblasts participating in the organization and implementation of the national measles immunization campaign.

Oblast FGPAs have developed and become significantly more active over the last six months. In general, they are focusing on: forming new FGPs; working with the HIF to develop documentation and systems for contracts with FGPs on capitated rate payments; improving quality at the FGP level; developing FGP financial and clinical information systems to allocate resources, and use and analyze data; and increasing community involvement in health. The Issyk-kul FGPA focused on supporting implementation of the single-payer system and reproductive health quality improvement at the FGP level. Jalal-Abad, Osh, Batken, Talas, and Naryn FGPAs worked hard to facilitate the establishment of new FGPs throughout the country. In South Kyrgyzstan, Osh, Jalal-Abad, and Batken Oblasts collected data and contributed to the development of specifications for FGP equipment, renovations, and computers under both the World Bank Health II Project and the ADB Social Sector Project. Significant work was done by all FGPAs in helping FGPs develop their health promotion capacity, and in communicating directly to the population through the mass media on selected health topics

Reproductive Health

Work in reproductive health over the last six months centered on: completing the pilot project on Continuous Quality Improvement in Issyk-Kul Oblast; producing materials to support nurse trainings; conducting nurse trainings in family planning; developing clinical guidelines; and completing a review of reproductive health legislation.

It has been of concern to ZdravPlus for some time that its key counterpart on reproductive health, the Head of the PHC Department of the MOH, is so short-staffed that she is not able to invest much time in developing reproductive health or overseeing the project's work. Building on institutionalization and the successful model of the allocation of a ZdravPlus-supported staff member to the Republican Health Promotion Center, ZdravPlus and the MOH have agreed that, starting early in 2002, ZdravPlus will support a reproductive health specialist to work in the MOH PHC Department. This specialist will work under the direct supervision of the Head of the PHC Department to implement the ZdravPlus reproductive health program and contribute to the development of the MOH's reproductive health policy and programs. This person is expected to be hired in late January/early February.

Continuous Quality Improvement in Reproductive Health Services

In January/February 2001, three FGPs in Karakol, Issyk-Kul Oblast, became the pilot sites to test a new Quality Improvement System (QIS). Staff from the Family Medicine Training Center in Karakol were trained as "curators" to work with FGPs on improving the quality of care using four tools: exit interviews with clients; a facility walk-through; observation of practitioners; and a self-assessment meeting with FGP staff. The staff of the FGP work as a team to prioritize problems, decide how to solve them and develop an action plan for implementing the solution. Three months later, the curator returns to check on progress and to repeat the cycle.

Under the pilot project, three rounds of the QIS were implemented in February, May and September, and a variety of problems were solved, including:

- The first round of observation of services showed that doctors at all three FGPs did not follow standards of care in the provision of contraception, with an average score of just 63 percent. Training was provided and, by the second round, the score increased to 83 percent. The third round demonstrated sustained improvement, at 88 percent.
- Observations at all three sites also demonstrated that doctors did not follow antenatal care standards, with scores of 47 percent. After training, the score increased to 80 percent in the second round and, by the third round, had reached 91 percent.
- At one FGP, clients gave the examination room low scores. The staff determined that clients felt the room wasn't nice-looking and offered little privacy. So they created three separate examination rooms, bought flowers, curtains, a painting, soap and towels and by the second round, clients' scores increased 83 percent. By the third round, after further improvements, the score improved 119 percent over Round One.

Clearly, the QIS improved the quality of care, as measured by compliance with MOH standards. It also increased client satisfaction and strengthened the organizational capabilities of the FGPs. Staff reported feeling more motivated, feeling part of a team, and able to solve their own problems. In addition, FGP Directors found sponsors to support improvements in their facilities and persuaded clients to donate time and skills, demonstrating local-level initiative not often seen in FGPs in Central Asia.

Now, other FGPs want to participate in the QIS and, once a cadre of trainers has been developed early in 2002, the system will be expanded in Kyrgyzstan as well as elsewhere in Central Asia. Development of the QIS was intended to be a regional product, tested in Issyk-Kul and then extended throughout Central Asia. The pilot FGPs and curators plan to broaden the scope of the QIS to include quality indicators for immunization, tuberculosis, control of diarrheal diseases and anemia. In addition, they plan to work with the local Health Insurance Fund in an effort to use the results of the QIS to determine the distribution of financial incentives to staff. Finally, the national Family Medicine Training Center sees links between the QIS and Continuing Medical Education, and plans to build on the QIS to identify health workers' needs for refresher training from the bottom up as well as from the top down.

Nurse Training

By late summer, the curriculum for reproductive health training for nurses was completed and, in October, a TOT was conducted for 18 future nurse trainers from the Nurse Training Center, FMTC (Bishkek and affiliates), and the IRCEHW. The average score on the pretest was 72.4%, which increased to 94.2% on the posttest. (The relatively high starting score is accounted for by the fact that the group

had already been trained as family medicine nurses.) Since then, the graduates of the course have integrated contraceptive technology updates into their ongoing family medicine retraining program for nurses, thus institutionalizing the training process, integrating reproductive health into FM, and avoiding continuous “catch-up” training for nurses in the field. It is anticipated that about 1,500 FGP nurses nationwide will receive training in contraceptive technology this academic year and the next. The first courses were conducted in Bishkek, Chui and Issyk-Kul Oblasts and future courses are also planned in Osh, Jalal-Abad and Batken. To ensure that quality of the training, master trainers monitored CTU training courses in Bishkek and Karakol.

Another TOT will be held in January, for trainers in medical schools. To support the nurse training, ZdravPlus provided technical assistance, training, and printed two key reference materials. It has reprinted a Russian translation of the JHPIEGO Pocket Guide, as well as printing the CTU training curriculum for nurses.

Family Planning Guidelines and Legal Framework

Considerable progress was made in recent months on the development of clinical guidelines for family planning. However, further work is needed before they can be submitted to the MOH Clinical Protocols Commission.

A review of reproductive health laws of the Kyrgyz Republic has been completed and submitted to the MOH’s Primary Health Care Department for review. The review identifies a number of inconsistencies in the legal framework for services.

IMCI

Over the summer, the MOH and ZdravPlus initiated the IMCI program. In July, ZdravPlus supported a TOT for the Kyrgyz IMCI trainers provided by Kazak IMCI trainers. These trainers then began training the FGP physicians in the pilot sites of Dhety-Oguz Rayon in Issyk-Kul and Aravan Rayon in Osh. In addition, from September 24 to October 5, an IMCI clinical training course took place in Jayul Raion, Chui Oblast where FGP staff from Chui Oblast were trained.

STI / HIV-AIDS

Planning was initiated last summer for the pilot on integrating STI’s into PHC in Tokmok. An MOH Decree was prepared and signed. Although a significant number of organizational issues needed to be addressed before proceeding with the pilot, steady progress was made over the last few months. Soros provided a \$20,000 grant to the FGPA for the drugs required in the pilot, and the FGPA is working to procure the drugs. Training for the pilot project will take place December 10-14 using WHO-certified trainers from Moscow (the training was delayed due to the events of September 11th). The program itself will begin as soon as medications arrive. The patient education/media promotion component is on schedule.

TB

Planning for PHC DOTS training is ongoing. This will be done in collaboration with Project HOPE. Plans will likely vary somewhat for different areas due to important local factors.

Improving Resource Use

Single-Payer and Provider Payment Systems

Implementation – Issyk-Kul and Chui Oblasts

The new single-payer system contains a large number of elements, including: pooling funds at the oblast level; transferring funds to oblast HIFs; new provider payment systems; changes in funds flow, allowing health providers more autonomy; changes in the accounting system; health delivery system rationalization to equalize revenues and expenses; a defined basic and supplemental benefits package; a new co-payment policy; and a supplemental outpatient drug benefit. The MOH and HIF, supported by Socium Consulting,

have established the legal framework for implementing the single-payer system in Issyk-Kul and Chui, and have trained all stakeholders in the new system.

In the first six months of 2001, the focus was on the mechanics of funds flow and provider payment. The process and systems for pooling funds transferring to the oblast HIF, and reimbursing providers under new provider payment systems were implemented and refined. In the second half of 2001, single-payer implementation focused on: 1) rationalization; 2) co-payments; and 3) outpatient drug package.

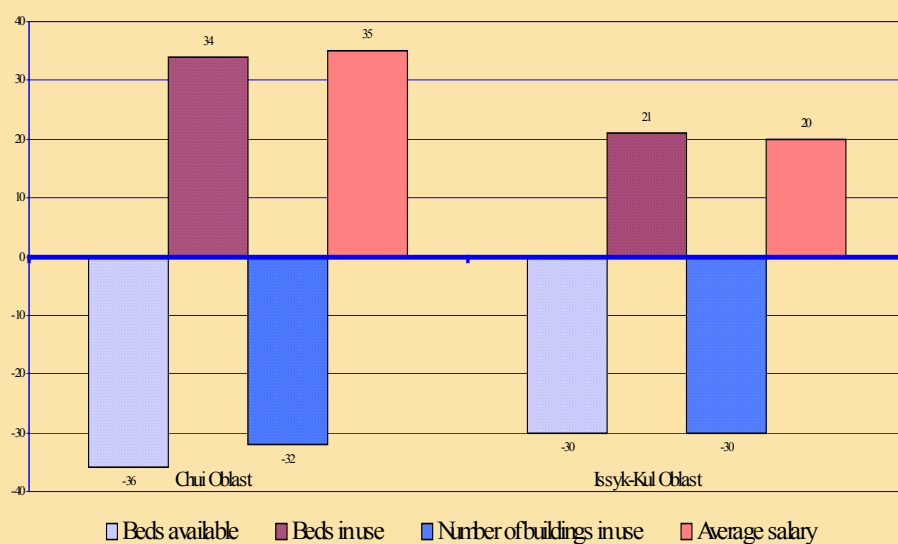
Rationalization

One of the critical issues in health reform in Kyrgyzstan and throughout Central Asia, is rationalizing the excess capacity and high fixed costs that have rendered the health system unaffordable given the collapse of funding after the fall of the Soviet Union. While many attempts have been made to rationalize over the last seven years, it is now clear that it is the single-payer system that has enabled the Kyrgyz to take ownership of the rationalization of both buildings and human resources. There are probably a number of reasons why the single-payer has been a successful trigger for rationalization. Certainly a primary reason is that the consolidation of the budget and the autonomy granted by the provider payment systems has forced both health authorities and health providers to seriously face and take responsibility for matching revenues and expenses.

In both Issyk-Kul and Chui Oblasts, an extensive rationalization process involving all stakeholders resulted in agreement to reduce both health facilities and human resources by about 33%. An important aspect of the actual implementation of this 1/3 reduction has been the political approval of oblast and rayon administrations.

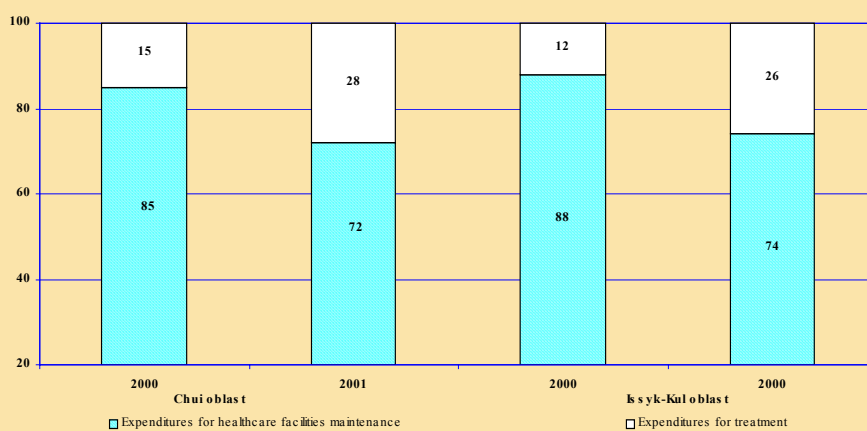
The effects of the rationalization under the single-payer system in Issyk-Kul and Chui Oblasts are shown in the following three charts. The charts are from an HIF presentation at the Manas Health Reform Conference celebrating five years of health reform. The first chart shows the reduction in beds and facilities and the resulting increase in efficiency of bed use, and the average salary of staff as resources are reallocated. The second chart shows the change in proportion of fixed and variable expenditures. As fixed costs are reduced, variable expenditures connected to patient treatment increase substantially. The third chart shows the increase in one of the most important variable expenditures, drugs. This substantial increase in drugs significantly impacts the ability of health facilities to provide high quality care and increases patient satisfaction.

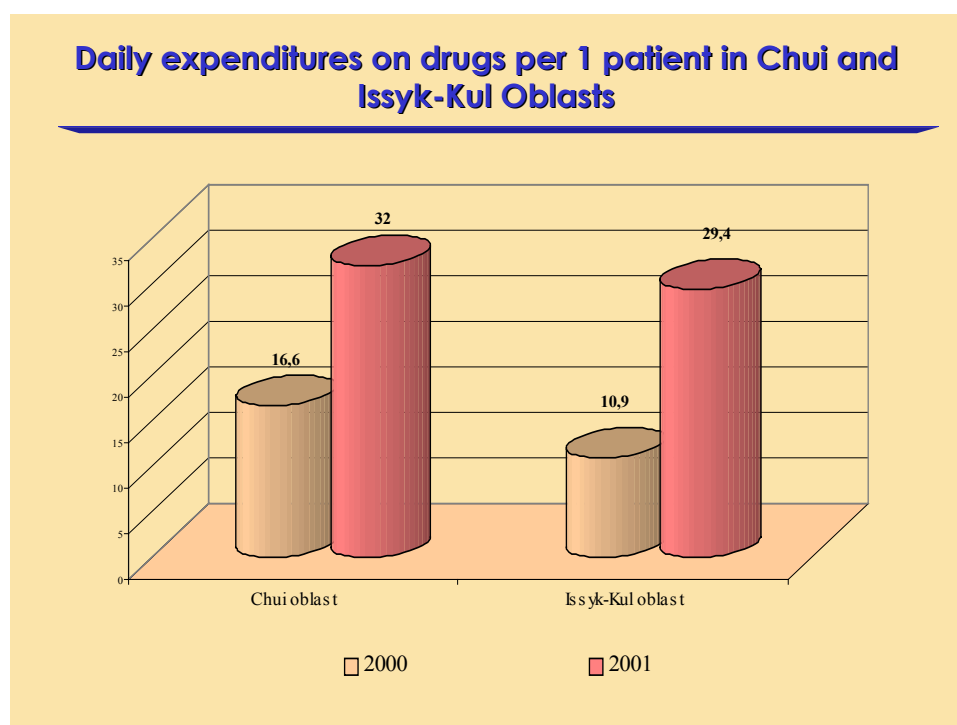
Changes in Health Facilities Performance Indicators, %



The above chart shows the reduction in beds and facilities and the resulting increase in efficiency of bed use, and the average salary of staff as resources are reallocated

Change of the expenditures structure of health facilities in Chui and Issyk-Kul oblasts after introduction of new financing methods, %





Outpatient Drug Benefit and Co-Payments

While overall rationalization of the health system and hospitals is very important, it is critical to continue to develop and implement policies allowing FGPs to expand their scope of services, treat patients in outpatient settings, and reduce hospital admissions. Without outpatient drugs this is difficult or impossible to do, so outpatient drugs are a critical element of inverting the health delivery systems pyramid and strengthening primary health care. After piloting the supplemental outpatient drug benefit in Bishkek City, the MOH made the decision to incorporate the outpatient drug benefit into the single-payer system and extend it to Issyk-Kul and Chui Oblasts.

MOH Prikaz #133 extended the Outpatient Drug Benefit Package in Chui and Issyk-Kul Oblasts. The Outpatient Drug Benefit (OPD Benefit) was introduced in Issyk-Kul on June 1, 2001. From June 9 until August 1 the Issyk-Kul HIF concluded agreements with 70 FGPs on funding the OPD Benefit for the insured. Preparation and training has been done for both FGP physicians and pharmacy employees (approximately 225 people trained by HIF staff). During the training much attention was paid to how to fill out prescription forms completely and accurately. The FGPA worked to inform the population concerning the new OPD Benefit. The focus on the OPD Benefit will only intensify as significantly more work is needed to refine operational procedures, introduce new clinical protocols, strengthen the clinical capacity and prescribing ability of FGP physicians, and continue to educate the population.

The introduction of formal co-payments into the single-payer system solidifies the overall health financing framework. Over the last six months, Socium Consulting worked closely with the MOH and HIF to implement and refine the co-payment system including how the funds are accounted for and allocated at the facility level. Concerning the impact of the co-payment policy, the WHO Health Policy Analysis Project, financed by DFID, funded a Participatory Rapid Appraisal (PRA) by the Swiss Red Cross Health Reform Support Project. The purpose of the PRA was to provide the MOH with an early assessment of the impact of the co-payment policy. The report suggested that the co-payment policy was working as planned with patients making one payment of the correct co-payment amount, and not being requested to make additional, informal, payments. In general the population was happy with the co-payment policy, although most felt that the co-payment for childbirth was too high. In addition, while more analysis is needed, early evidence shows that the population is actually paying less under the formal co-payment system. Work will continue to refine the co-payment policy and evaluate its impact.

Next Steps

Implementation of the single-payer is successful largely because it is a comprehensive system integrating the various elements of health reform, and because it is institutionalized in the MOH/HIF structure. This facilitates the process such that it becomes a natural evolution with one step leading to the next. Developing and implementing the core of the system—including: establishing and building capacity in the MOH/HIF institutional structure; pooling funds; provider payments; and funds flow—led to the rationalization of the health delivery system, and solidifying the health financing framework through defined benefits and co-payments for the population.

Over the next year, this natural evolution occurring within the implementation process will continue with the next steps likely addressing: 1) relationships within the broad health delivery system structure—for example, between Family Medicine Centers or FGPs and Hospital Outpatient Departments; 2) overall management and relationships within the health sector, for example, relative roles of the MOH and Oblast Administration; 3) human resources, including type, mix, and payment; 4) refining the HIF Quality Assurance, and Monitoring and Evaluation Systems; 5) continuing pressure to improve clinical practice and reduce hospital admissions by extending the outpatient drug benefit and clinical protocols; and 6) additional refinement of provider payment and health information systems.

On October 16, 2001, the President of the Kyrgyz Republic, Askar Akaev, presented his annual Message to Peoples of Kyrgyzstan and Jogorku Kenesh (Parliament) evaluating the current state of the country, and presenting major development strategies. The President confirmed again that the health sector continues to be a priority and is included in the National Program of Comprehensive Development Framework adopted in 2001, as well as in the Program on Government Investments of the Republic. The President highly praised the health reforms, and noted: “...An impressive outcome of the implemented reforms in social area are reorganizations in the health care system. I would like to mention the successes of the Issyk-Kul and Chui Oblast experiments in implementing new methods of financing, including co-payment mechanisms. That has lead to sharp decrease in corruption in health care facilities as well as increase of revenues that allows improving quality of the delivered health care. New, positively tested methods of health care organization should be spread countrywide.”

The next section discusses this planning and preparation process to extend the single-payer system throughout Kyrgyzstan.

Preparation – Talas, Osh, and Naryn Oblasts and Bishkek City

Facilitated by the implementation success in Issyk-Kul and Chui Oblasts, a government commission assessment showing good results and recommending expansion of the single-payer system to the entire country, and the President’s message quoted above, there is strong support to extend the single-payer system. The legal framework is in place through a government decree outlining the three phases of implementation. Plans for Phase II in 2002 are to extend to Talas, Osh, and Naryn Oblasts, and initiate the process in Bishkek City. Although the MOH with support from ZdravPlus has focused on implementation in Issyk-Kul and Chui Oblasts over the last six months, intensive effort was also focused on the planning and preparation for extension in Phase II.

In Talas, Osh, and Naryn Oblasts, Socium Consulting together with MOH, HIF, and oblast officials held preliminary seminars to begin the process of preparing the oblasts to enter the single-payer system. Participants included the Oblast Governor, Deputy Governor, Director of the Oblast Finance Department, Director of the Oblast Treasury System, Director of the Oblast Social Insurance Fund, staff of the Oblast HIF, Chief Physicians of Oblast Health Facilities, Chief Accountants, and Trade Union Representatives. Topics presented and discussed included budget formation, new provider payment systems, FGP formation, rationalization, reallocation of savings, resolution of provider debt, benefits and co-payments, and staff payment. This is the first step in the long process of preparing the oblasts to enter the single-payer system.

Socium Consulting worked with the MOH and the MOF to develop the broad legal framework—including many regulations, decrees, letters, and agreements—necessary for the oblasts to enter the single-payer system in 2002. Extensive policy dialogue between the MOH/HIF, Osh Oblast, and Socium

Consulting resulted in the Governor of Osh Oblast signing an agreement with the MOH/HIF on entering the single-payer system. This agreement was approved by the Osh Oblast Parliament. There had been uncertainty about whether Osh Oblast would enter the single-payer system in 2002 or 2003, as so much preparation was needed. They plan to begin in 2002. However, the agreement or plan may be revised to allow time for the system to develop. The approved current plan includes:

- on January 1, 2002, the Oblast Finance Department would start to accumulate the assets of the health sector on the oblast level, and the oblast HIF would become the manager of the assets;
- new financial mechanisms and provider payment systems would be introduced and the health providers of the oblast would be restructured;
- beginning June 1st 2002 the new benefits and co-payment system would be implemented.

The same agreement was signed by the Governor of Talas Oblast, but the implementation of both new funding and co-payment systems would start January 1, 2002. This was also approved by the Talas Oblast Parliament.

Restructuring and Human Resources

One of the biggest dilemmas faced by the ZdravReform/ZdravPlus Projects over the last seven years has been balancing the objective of creating new, independent PHC practices close to the community, with the difficulty of developing sustainable a management structure and functions for these new, independent, and usually small business entities. The rationale for independent PHC practices has been that it is difficult or impossible to strengthen PHC and expand the scope of services when control and funds flow is through hospitals or polyclinics that have no vested interest in the development of PHC. ZdravPlus's strategy has been to initially form independent PHC practices. After the PHC practices take advantage of their autonomy and develop, from the bottom-up they will begin a process of merging and aggregating until they realize enough economies of scale to allow them to be financially viable.

In Kyrgyzstan, this process has been ongoing for several years. For example, FGPs in Issyk-Kul Oblast have been consistently voluntarily merging for a variety of reasons such as combining resources to buy new equipment. The difficulty of maintaining small FGPs as viable business entities has become increasingly obvious. Factors include the difficulty of the MOH, HIF, MOF, and Treasury System to contract with, set up bank accounts with, and pay large numbers of FGPs, and the difficulty FGPs have in maintaining a practice manager and computerized health information system.

Over the last six months, Kyrgyzstan addressed this issue by forming Family Medicine Centers (FMCs). It is important to note that while many FGPs are now affiliates of FMCs, there are still independent FGPs, so both models exist. FMCs do not organizationally report to hospitals or polyclinics—actually, polyclinics are becoming FMCs. An FMC contains a number of affiliated FGPs, and the population can only enroll in FGPs. One of the main functions of FMCs is to provide centralized administrative services to affiliated FGPs. Overall, FMCs represent a good balance between FGPs becoming autonomous to facilitate development, and a sustainable business and management structure.

The establishment of FMCs has allowed Kyrgyzstan to accelerate the formation of FGPs throughout the country. There are now 740 FGPs in Kyrgyzstan, almost double the number that existed at the end of 2000. The next major issue is determining how outpatient specialists fit within the health delivery system structure. The plan is that most outpatient specialists would become part of hospital outpatient departments so that hospitals and FMCs/FGPs would be the main health delivery system entities. However, this requires a transition, as hospital outpatient departments are still being formed. Over the next six months, ZdravPlus will work with the MOH to develop plans and transition strategies for outpatient specialists and the relationship between FMCs/FGPs and hospital outpatient departments.

As the health reforms progress, human resources is emerging as a top priority of the MOH. There is excellent donor collaboration in the area of human resources as USAID through ZdravPlus and the AIHA University of Nevada/Reno Partnership, DFID, WHO and the World Bank Project all support human resources. The overall strategy is:

- Future – addressing workforce and medical education to develop the right number, type, and mix of health professions needed in the health sector.

- Current – the single-payer and financial imperatives set the broad framework through the rationalization process and then micro-level work on the type, mix, scope and workload, and salary payment progresses within that framework.

ZdravPlus has two major roles within this process. First, to develop a national personnel database that serves as the basis for analysis related to human resources. Over the last six months, ZdravPlus has refined the personnel database, installed and tested it in health authorities and health providers throughout the country, and provided training on use and maintenance of the database. Second, ZdravPlus is supporting MOH staff to travel throughout the country to assess and analyze the current scope and workload of health workers in order to facilitate revisions in their scope and workload. ZdravPlus will continue to support this work in collaboration with the MOH and other donors.

Health Information Systems

Over the last six months, ZdravPlus worked closely with MOH, HIF, and Health Information Center (HIC) partners to continue the process of institutionalizing the health information systems (HIS). This involved redefining the roles of all stakeholders including ZdravPlus. In general, ZdravPlus will focus on: contributing to the overall design, structure, and planning for HISs; supporting the development of new systems particularly related to new provider payments systems; developing and introducing data standards; contributing to the development of system specifications; and supporting provider-level development of information systems and analytical capacity through NGOs such as the FGPA and HA. All aspects of the maintenance and operation of existing systems are institutionalized in the MOH, HIF, and HIC.

Development, review, and refinement of a broad HIS concept was a priority over the last six months. This broad HIS concept is now largely finalized and will be incorporated into further MOH/HIF/HIC HIS system design and development, into the World Bank Project, and into ZdravPlus support for HIS. In July, regional consultant Lazlo Balkanyi worked with the regional HIS Team and counterparts to begin to explore the potential for developing regional data exchange standards. The existence of these standards would allow more providers and private companies the flexibility to develop new HISs while allowing the health purchaser to receive data in a standard format. The plan is to incorporate the data exchange standard concept into on-going HIS work in Kyrgyzstan as well as other Central Asian countries over the next 1-2 years.

The MOH, HIF, and HIC recognize that it is important for MOH statisticians and health providers to better use and analyze data. They planned a national training to improve the capability for data use and analysis. This is a shared responsibility training between AED/GTD and Abt/ZdravPlus. In September, David Burns worked with Larissa Murzakarimova, the Head of the HIC, to prepare materials and a TOT for this training. The training started this fall and will continue into next year in all regions of the country.

In Issyk-Kul, Osh, and Jalal-Abad, ZdravPlus computer specialists worked with the HIF, FMTCs and FGPAs to: support systems; provide computer training for staff; maintain computers, including antiviral mechanisms; establish e-mail; and train staff on how to access the internet. In addition, the South Kyrgyzstan computer specialist worked with ADB specialists on designing and specifying computers for the South Kyrgyzstan ADB Social Sector Project.

Finally, a new Medical Death Certificate form was developed in accordance with requirements of WHO and ICD-10, and instructions for completing it were developed and approved by the MOH on October 16, 2001.

Accounting and Financial Management

Over the last year, the MOH, HIF and ZdravPlus staff, including Socium Consulting, have worked intensively to refine the health sector accounting system together with the MOF. A new Chart of Accounts was developed as well as other improvements to the system. These changes to the accounting system have been approved, and the MOH is working with ZdravPlus to begin training health sector

accountants. A package of training materials was developed. Over the summer, these training materials were tested in training seminars in Chui Oblast. After some refinement, the MOH started training accountants throughout the country. This training is an AED/GTD and Abt/ZdravPlus shared responsibility training. It started in the fall and will continue into next year.

In addition to the broad changes in the overall MOH accounting system, intensive work was done to design, develop, and implement changes in accounting systems connected to the single-payer system. These changes were introduced in seminars in Issyk-Kul and Chui Oblasts and included new procedures for accounting for the four sources of funding: 1) HIF payroll tax; 2) Budget Funds; 3) Co-payments; and 4) Special Means funds from other sources.

Health Management

Over the summer, the MOH moved rapidly concerning setting up a mechanism to: train health provider managers to increase awareness of the health reforms; allow them to adapt to the incentives of the single-payer system, including new provider payment systems; and to manage given greater autonomy. After much debate on the structure to be used to provide this health management training, the MOH decided not to set up a juridical entity so as not to interfere with long-term health management education in the Medical Academy and other educational institutions. The training will be done under the MOH, and be termed "Health Management Courses." The training will take place in the Manas Building. ZdravPlus is providing a consultant to help organize and develop the courses, some furniture and equipment to provide a physical location for the training, and guest lectures for the health management training. At this point, it has been decided that there will be the following 10 modules in the health management training.

- 1) Health system policy, planning, analysis and evaluation;
- 2) Health economy and financing;
- 3) Public health;
- 4) Health restructuring;
- 5) Health quality;
- 6) Health information systems, statistics, and epidemiology;
- 7) Principles of management and control;
- 8) Legal aspects of the health system and office work;
- 9) Human resources management; and
- 10) Role of non-governmental organizations in health development.

Work on developing the modules continues and it is planned to commence the health management training in January or February 2002.

Improving Legislative, Regulatory and Policy Framework

Policy Development and Legal Framework

MOH/HIF working groups continue to be active in developing health policy. The working groups are now largely institutionalized into the MOH and HIF. As the health reforms progress and expand, more and more of the issues involve stakeholders outside of the MOH and HIF. Policy dialogue has shifted focus to these external stakeholders including the Parliament, President's Office, Government, MOF, Treasury System, Social Insurance Fund, Ministry of Labor and Social Protection, Ministry of Education, and numerous Oblast Government and Local Government entities.

The Parliament is becoming more important in this policy dialogue process. Last summer, AED/GTD and Abt/ZdravPlus did a shared-responsibility study tour to London. The Parliamentarians were satisfied with the study tour, and the MOH and HIF have reported improved policy dialogue with the Parliament. Interesting anecdotal information is that World Bank representatives met with the Parliament last spring (before the study tour) and this fall (after the study tour) and reported that the Parliament was largely inactive before the study tour and much more active and informed after the study tour.

ZdravPlus has been enormously active in the development of the legal framework over the last six months. This section does not go into detail on legal contributions as they are largely discussed in the relevant program areas. A summary of the different categories of legal work is:

- Single-Payer – an extremely high level of legal work related to establishing the legal framework for the single payer.
- Quality – in clinical protocols, medical education, accreditation, quality assurance, and specific programs including reproductive health, IMCI, and STIs.
- NGOs – ZdravPlus worked with NGOs to establish their legal framework including registration and governance documents.
- Other – a wide range of areas ranging from the structure and legal status of the new National Health Promotion Center, to the health care rights of non-Kyrgyz citizens, to a legal framework for mental health services and dental services.

A large focus of ZdravPlus legal activity over the last six months was the amendment to the Law on Health Protection, the major law governing the health sector. The task was initiated last summer through the establishment of a working group. ZdravPlus participated in all aspects of the working group's intense work. In early fall, a draft of an amended Law on Health Protection was developed. Throughout the fall it was reviewed and refined by all stakeholders. It was submitted to the Government for review by other Ministries in late fall, and, after this process is complete, it will be submitted to the Parliament.

Monitoring and Evaluation, Policy Analysis, and Research

The main ZdravPlus strategy for monitoring and evaluation, policy analysis, and research is to collaborate closely with the WHO Monitoring and Evaluation Project funded by DFID and their resident advisor Joe Kutzin. Over the last six months, this collaboration has solidified. Together, we are working to build capacity in the MOH and HIF to monitor and evaluate their own reforms and feed analysis and conclusions back into health policy development. This process is clearly beginning to work, as the MOH and HIF are monitoring, evaluating, and analyzing data related to the health reforms, as evidenced by some of their slides included in this report.

The major role developing for ZdravPlus within this collaboration is to provide clinical expertise related to the development of indicators and data analysis. STLI physicians are working very closely with the MOH, the HIF, and the WHO Monitoring and Evaluation Project. In addition, plans are being developed to enhance the capability of FGPs to use and analyze the data in the outpatient clinical information system. This will create demand that can be met through FGP-level quality improvement activities and continuing medical education courses.

UZBEKISTAN

6-Month Report

June – December, 2001

COUNTRY SUMMARY BY PILOT SITE

The overall focus of the Uzbekistan country program over the past six months was on further deepening and widening the primary health care reforms. ZdravPlus collaborated very closely with the Ministry of Health on global issues such as health insurance, developing clinical guidelines, contraceptive issues, and health promotion campaigns. Also, previously initiated activities have begun to show results: new financial mechanisms are functioning; recently trained and re-trained financial managers began working at health facilities; health providers are successfully practicing, thanks to new methods/knowledge received during intensive trainings; and more people in target areas have basic knowledge of such important diseases as anemia and acute respiratory infections (ARI), owing to ZdravPlus's health promotion campaign and community work. Additional efforts were made to strengthen the clinical and quality improvement components of the program. More clinical specialists joined the program, and several underwent training on quality improvement methods. We expect that the consolidation of these efforts will provide a significant improvement in the efficiency and quality of PHC service delivery, and play as a driving force in the direction of institutionalizing and replicating the created models.

Ferghana

The ZdravPlus strategy in Ferghana has focused on rolling out and strengthening each component of the program by:

- Increasing ownership of the health authorities and institutionalization of activities;
- Introducing new expatriate staff;
- Continuing collaboration with the donors; and
- Deepening and widening health reform activities;

In the past 6 months ZdravPlus has taken advantage of opportunities to collaborate more closely with local Ferghana health authorities (Oblast and Raion Health Departments) through specific topic negotiations and by organizing joint working group meetings. The health promotion working group and finance and management working group could serve as examples of successful collaboration.

Much effort was put into developing consensus among national and oblast-level stakeholders to expand financing and management reforms in Ferghana oblast. Consensus was reached to expand reforms gradually, starting with the three control raions (Tashlak, Furkhat, and Ohunbabayev) in January 2002.

However, all financing transformations should be supported by a good management system. In order to ensure enhanced management capabilities, and to encourage facilities to use resources in the most effective manner, oblast authorities have agreed to finance one financial manager per facility. ZdravPlus has at the same time provided a series of intense trainings to improve managers' practical skills. Additional efforts were put into negotiations with the Oblast Health Department to follow up on the finance regulations previously established.

Another project strategy over the past 6 months has been the focus on provision of improved clinical trainings to continuously upgrade health providers' knowledge and skills and institutionalizing training programs. More participatory teaching methods were introduced into the trainings and more local trainers were prepared. National IMCI training center was created in Ferghana to provide quality trainings. Additionally, introduction of IMCI, anemia and rational nutrition and reproductive health trainings into the general practitioners retraining program is taking place with training of trainers course for the GP trainers. ZdravPlus team is also seeking the possibilities to introduce its programs into the medical school and medical college curricula. Especially the last concerns IMCI and reproductive health programs.

Health promotion activities continued to expand, as did their institutionalization through NGO grant activities and Health Centers. Special attention was given to health campaigns on anemia and acute

respiratory infections (ARI), which were a great success among local residents, reaching not only the population of Ferghana oblast', but, due to the large broadcast, even many other people in the Ferghana valley. Additionally, close collaboration between ZdravPlus and the Institute of Health has strengthened the links between the two organizations, which has had important benefits for the institutionalization of modern health communication techniques in the Institute. An Institute staff member now works at the ZdravPlus office as a volunteer member of the ZdravPlus marketing team, and played an important role in the development of the ARI campaign.

Several steps were taken to start the institutionalization of the health information system. The consensus reached with the Republican Information and Analytical Center to be responsible for the oblast/raion computer centers, their staff, and the collection and analysis of PHC data with ZdravPlus's technical assistance is expected to lead to better data collection, system expansion, and sustainability of the results.

To strengthen ZdravPlus's clinical component, a physician from Great Britain has joined the program in Ferghana. He is assessing local physicians' level of knowledge and the constraints under which they operate in order to better provide on-site mentoring to improve their practical skills. More professionals are expected to join the program in the next six months.

ZdravPlus also continued research begun last year to support its activities and better inform its interventions. Two drug studies were conducted in Ferghana to look at doctors' prescribing practices and drug availability, one of which focused on pediatric cases with an emphasis on ARI and diarrheal disorders. A KAP survey and pre and post-test studies helped in designing oblast-level and facility-level interventions.

In the future ZdravPlus plans to pay more attention to nurses' issues. This will include multiple tasks such as: advocating for continued reforms that support the development of the nursing profession, especially at the oblast level; improving nurses' clinical knowledge and counseling skills; and increasing the role of nurses in PHC facilities and within their communities.

Navoi and Syr Darya

The biggest foci of work in Navoi and Syr Darya have been: 1) to enhance and refine the capitated rate provider payment system, and introduce sex/age adjusters; and 2) to conduct extensive management training for financial managers and head doctors.

Local counterparts' understanding of the reform process in general, and the financial side of it in particular, has dictated the pace and the smoothness of the process in Navoi and Syr Darya. Since some regulations were misinterpreted, much initially effort was put into correcting the mistakes. Regular joint working group meetings helped to resolve the misunderstandings and move the reform process forward. One of the largest achievements was refining the capitated rate provider payment system and introducing the sex/age adjusters into the calculations of the primary health care facilities' budgets. New 2002 budgets for the PHC facilities were calculated, and will be used starting January 2002.

To support financial activities, a series of trainings were conducted to enhance the management capabilities of local staff. In all, over 130 specialists were trained in different areas. New financial managers were prepared, and some additional issues were brought to the attention of existing financial managers. Major topics included: general principles of management; managers' functions, roles, and skills; accounting for PHC facilities; normative documents; business planning; and others. Responding to a request, head doctors were also included in some of the trainings.

Additionally, in order to have reliable population data, which will help in calculating more accurate financial coefficients, ZdravPlus provided trainings and technical assistance to the health personnel of PHC facilities in the three experimental and two control raions in Navoi and Syr Darya oblasts. Population data were already collected in Navoi and shortly the process will start in Syr Darya oblast.

SUMMARY OF IR ACTIVITIES

Population Involvement

Health Promotion

Population involvement activities were conducted on three tracks over the last six months: 1) health promotion; 2) reforms marketing; and 3) NGO and community involvement. ZdravPlus has followed its health promotion strategy which centers on two intensive health promotion campaigns per year in Ferghana Oblast. Each campaign centers on a specific health topic that is linked to clinical training, while reaching the population with information on a range of other primary health care topics via print materials and interpersonal communications. In addition, a baseline survey on Knowledge, Attitudes and Practices (KAP) was conducted and formative research begun for the marketing of the reforms in Uzbekistan.

KAP Survey

After many months of survey development, translation, and testing, in July, ZdravPlus conducted a baseline KAP survey in three raions of Ferghana Oblast and one raion in Syr Darya. The survey provides data on public knowledge of a dozen health topics, including health reforms, and will be conducted annually for the duration of the ZdravPlus project to assess the impact of the project's work in population involvement, and to inform project activities. The same KAP survey is being conducted, with some minor changes, in Kazakhstan and Kyrgyzstan. The sampling in the survey is intended to permit comparisons between "mature" reform sites, sites where the reforms are just starting and sites where the reforms have not yet begun—it is not representative of either of the two oblasts. Among the data yielded by the KAP is baseline data for the USAID health promotion indicators:

- Fifty-eight percent of the KAP sample reported that a child with diarrhea should receive increased liquids and nine percent that s/he should receive the usual amount of food;
- The following percentages of the sample reported that a sick child should be taken to a health facility or a health worker immediately if various danger signs are seen: 18.8% in the case of diarrhea with blood in the stool; 4.5% if a child is unable to drink; 16.5% if the child has a cough or a cold with difficult or rapid breathing; 72.5% in the case of a high temperature; 12.5% if the child is breastfeeding poorly or unable to breastfeed; and 41.8% if s/he continues to get sicker;
- 44.2 percent of the sample reported that the decision to use family planning is the couples' responsibility—rather than the doctor's and/or the health care worker's;
- Only 16.3 percent of the sample reported that oral contraceptives are safe for people to use and 4.3 percent reported that injectables are safe.

"There is no Place for Anemia" Health Promotion Campaign

After extensive preparations involving formative research and building political support for international approaches to anemia and nutrition, ZdravPlus launched its first health promotion campaign in Uzbekistan in early August. The centerpiece of the campaign was an extremely popular TV soap opera featuring the drama of a typical Uzbek family coming to terms with anemia and learning to eat right to help prevent and cure it. The drama was reinforced by six radio and TV spots highlighting key messages, as well as informative newspaper articles. Two brochures and two posters were also widely disseminated throughout Ferghana Oblast. The mass media were complemented by interpersonal communication conducted by SVP staff, the Health Centers (the MOH's health education network), NGOs, schools, Peace Corps volunteers, and a touring theater company. These included such innovative activities as health fairs and food fairs. It is estimated that at least 10,000-12,000 people were reached through interpersonal communications. Since nutrition was a completely new concept in the Uzbek context, ZdravPlus trained health educators on nutrition and anemia and prepared a short booklet with key messages and backup information to be used in community education. In addition, to spur on the health educators, a contest was held with prizes for the Health Centers that conducted the most and the best quality health education.

The primary objective of the anemia campaign was to increase public knowledge of locally available foods/food combinations rich in iron, namely legumes, meat and fish, and vegetables and fruits. According to KAP surveys before and after the campaign, this objective was achieved, with the percentage of the population citing legumes increasing from 14 to 53%; the percentage citing meat and fish rising from 67 to 85%; and the percentage citing vegetables and fruits from 65 to 72%. Secondary objectives were to increase knowledge that an infant should be exclusively breastfed for the first six months of life; and knowledge about iron-rich complementary foods for infants aged six months or older. Knowledge of exclusive breastfeeding increased three-fold—despite being the most controversial message of the campaign - from 11 to 33%. Equally important, the percentage of the population thinking that other foods and liquids, such as tea or fruit juice, should be given to such a young infant decreased. For reasons that are not clear, knowledge of iron-rich complementary foods for a healthy infant 6-8 months old actually declined - but, on the positive side, more people recognized that an infant should not be given tea.

About two months after the campaign, according to the KAP survey, 52% of the sample in the end-line survey remembered that they had received information on nutrition and anemia - a surprisingly low percentage compared with anecdotal information. In addition, since several of the media used in the campaign reach beyond Ferghana oblast, the campaign actually reached many people in the Ferghana valley. Informal reaction to the campaign was overwhelmingly positive, with people astounded at the new information about which foods to eat and amazed at the use of commercial marketing strategies to promote public health. WHO/Europe also learned of the campaign and invited ZdravPlus to present it at the 3rd European Health Communications Summit, where it received accolades for creativity.

“Protect Your Child from Pneumonia” Health Promotion Campaign.

In December, ZdravPlus launched its second health promotion campaign—centered on treating coughs, colds and fevers—in support of clinical IMCI training. The campaign design followed the formula of the prior campaign. Formative research was undertaken and a soap opera developed linking the story of a young boy’s anticipation of a New Year’s party, where Santa Claus is to bring him an eagerly awaited gift, with the realities of proper home care for an acute respiratory infection. In addition to the soap opera, the campaign includes five TV and radio spots, newspaper articles, a brochure, two posters and a redesigned IMCI mother’s card. Key messages of the campaign are that a child with a cough, a cold or a fever should get more to drink and should keep eating. Other messages focus on *not* giving a child antibiotics without a doctor’s prescription and on the IMCI danger signs. Many of the messages in this campaign reinforce those of the anemia campaign and it is anticipated that, in turn, many of the messages from both campaigns will carry over into the next IMCI-related campaign, which is expected to center on diarrheal diseases. In the pneumonia campaign, the mass media are again complemented by interpersonal communications conducted by SVP staff, the Health Centers, NGOs and schools. A new competition has been launched, this time aimed at motivating SVP staff to educate their communities, with prizes for the public and SVPs that are most knowledgeable about acute respiratory infections. The “Protect Your Child from Pneumonia” campaign will run for six weeks, until early February.

Other Health Promotion Activities.

In addition to these two major campaigns, ZdravPlus reprinted and distributed materials on keeping children healthy and on hygiene and participated in World No-Tobacco Day and World AIDS Day celebrations.

Technical Assistance to the MOH’s Institute on Health.

In September, the World Bank mission that visited Uzbekistan formally requested the assistance of the ZdravPlus marketing staff in working with the Institute on Health and the “Health” project’s CPIB to develop a strategy and work plan for the health promotion component of the “Health” project. In the months since then, considerable progress has been made toward developing the strategy. Once that has been completed and accepted by the MOH and the World Bank, ZdravPlus will work with the Institute and the CPIB on a work plan. This close collaboration between ZdravPlus and the Institute on Health has strengthened the links between the two organizations, with important fringe benefits for institutionalization of modern health communications techniques in the Institute. An Institute staff

member, Dr. Isakjanova, now works in the ZdravPlus office as a volunteer member of the ZdravPlus marketing team four days per week and played an important role in the development and dissemination of print materials for the health promotion campaign on pneumonia.

Marketing the Reform

In recent months, ZdravPlus laid the foundation for marketing the reforms in Uzbekistan. Three qualitative research studies were undertaken to better understand various target groups' perceptions of the current health system, their understanding of health and of an "ideal" health care system, their attitudes toward general practitioners versus specialists, towards preventive care and other topics related to the reforms. Focus groups were conducted with the population in Ferghana, Syr Darya and Tashkent city, with health care workers at different levels of the health system and with key policy makers at the Republican level, in Fergana and Navoi. In addition, a background paper on primary health care was commissioned from Boston University. Taken together, this information will mould ZdravPlus's marketing of the reforms in 2002.

NGOs and Community Involvement Activities

Small Grants Program

The third round of small grants awarded to 12 NGOs has been completed successfully, with each grantee doing what they applied to do within their proposed timeframe. In July the forth round of the program began. There were 33 applications, of which the 12 most qualified were funded. In order to improve the quality of the applications and work during the forth round, ZdravPlus, with the assistance of Counterpart Consortium-Kokand and Peace Corps Volunteers, conducted a workshop focusing on project design and a needs assessment study. As a result, the Grant Committee comprised of ZdravPlus members, representatives of other donor agencies working in Ferghana, and USAID found the applications to be much stronger. The proposed areas of work in this round were: the establishment of a Medical Information Center; HIV/AIDS prevention work; women's health; personal hygiene; breastfeeding; prevention of ARI and diarrheal diseases; diabetes; and anemia. Many of the activities are already taking place. One of the visible and very successful events was the World AIDS Day organized by two NGOs in Ferghana and YangiYul.

School Health

In August ZdravPlus trained 28 teachers from 7 raions of Ferghana Oblast (2 schools per raion) to conduct school health lessons in classes 1-8. The first group of lessons was on: 1) Health is in our Hands; 2) Body Parts; 3) Spread of Germs; 4) Personal Hygiene; and 5) Oral Hygiene. These lessons are now being taught in all 14 schools. Due to the delays caused by the cotton picking season, the next training of teacher with new health lessons will be conducted in January 2002. New lessons will focus on Anemia, Proper Nutrition, and Healthy Lifestyles. One to two lesson plans are developed on each topic for the different grade levels. Each lesson plan outlines the goals and objectives of the lesson and gives detailed instructions for interactive activities with the students. The lesson plans along with low cost teaching aids described in each lesson are distributed during trainings. The lesson plans will also be distributed to interested schools in other raions without additional teacher's training.

Health Centers

ZdravPlus continues to conduct monthly trainings for raion Health Centers to improve their non-formal education methods to be used during "community conversations" on health, and to improve their knowledge on a variety of health promotion and prevention topics, including anemia and ARI.

Health Promotion Working Group

The goal of the Health Promotion Working Group is to strengthen health promotion activities by: improving collaboration among all organizations that perform such activities in the field; identifying needs and priorities; and experiencing sharing. In December it was decided to restructure the membership of the Ferghana working group to include not only the head doctors of the Health Centers, but also representative of NGOs, the Oblast Education Department, Health Centers, SVP association and Makhallas. It was determined that this shift in representation within the working group would help promote the integration of activities across all organizations working in health promotion.

Quality Improvement

Reproductive Health

Work in reproductive health in the last six months centered on training health workers, developing reproductive health materials, and distributing USAID-donated contraceptives.

Training of Doctors and Nurses

Reproductive health (RH) training was rolled out in seven raions, Besharik, Kuva, Yazevan, Oltiariq, Kuvasay, Akhunbabaev and Fergana, using local trainers. The training is a five-day contraceptive technology update course, slightly modified from the JHPIEGO model to include more live practical skills and to reflect the results of ZdravPlus's RH needs assessment conducted at the end of 2000. The curricula for doctors and nurses is similar, but with a more clinical focus for doctors and a strong counseling focus for nurses. One hundred and nine doctors and 97 mid-level staff (nurses and midwives) participated in the five-day courses. Data on the impact of these courses show that, for doctors, the average score across all trainings increased from 49% at the pretest to 80.1% at the posttest. For nurses the average scores went from 43.2% to 86.1%. Early in 2002, the trainers will conduct follow-up visits to the trainees to observe their skills in practice and to reinforce any material from the training that the trainee may not have fully mastered. By early February 2002, it is anticipated that staff from all SVPs in the seven raions will have been trained. Also early in 2002, ZdravPlus plans to conduct a needs assessment among obstetrician-gynecologists and to prepare a training course for specialists who work with SVPs.

In addition to the above trainings, 76 mid-level staff from Besharik, Kuva and Yazevan raions that were trained in 1998-99 participated in a two-day refresher seminar. In January 2002 a similar short refresher training is planned for doctors in those raions.

In response to a request from the Health project, a four-day RH training of trainers was conducted for 16 GP trainers from TASHMI I and II, Andijan, Bukhara and Samarkand Medical Institutes.

Development of Materials

RH Reference materials for health workers and for the public are sorely lacking, and ZdravPlus is seeking to fill that gap. It has translated the "JHPIEGO Pocket Guide" into Uzbek and has collaborated with other donors and agencies doing training in RH to disseminate the guide as widely as possible. The guide should be printed in January and disseminated soon afterwards. A brochure for the public on contraceptive methods for use not only in Uzbekistan but also in Kazakhstan and Kyrgyzstan was also drafted. However, that brochure has yet to be finalized.

Distribution of Contraceptives

USAID-donated contraceptives arrived in-country in June, and were donated to the SVP association in Ferghana for distribution to SVPs in the three pilot raions. Shortly thereafter, training began for selected staff on how to use a modified distribution system that ZdravPlus developed in the first half of the year. In July, six people from the three pilot raions were trained as trainers on the modified system and, in August and September, three two-day training workshops on the use of the system were conducted for 75 persons from all the SVPs in the three pilot raions. In September, the first USAID-supplied contraceptives were distributed to SVPs, and since then, the new system has been in use. Early in the New Year, the first data about contraceptive consumption should be given to the SVP association. If the pilot distribution system works well with contraceptives it can be extended to other primary health care commodities, including those purchased by the SVP from its own budget.

Family Medicine

Clinical Trainings

The work of the clinical training team was mostly devoted to the anemia and rational nutrition training. Based on the modules previously developed, the team conducted a TOT course for 14 participants in Tashkent. Ten of them were selected as trainers for the seminars conducted in all 16 raions of Ferghana.

Oblast. There were 533 health workers (nurses and physicians) trained in a three-day seminar focusing on rational nutrition, and clinical and preventive aspects of anemia. The training was conducted in two rounds, the first in August covering seven raions (236 health workers) of Ferghana. After the first round a monitoring follow-up visit was carried out in three raions to assess knowledge and skills retention. The monitoring determined highly positive results with more than 80% of the health workers using the acquired knowledge in practice. Due to the success of the training, and in order to support the health promotion activities begun in this area, it was decided to expand the training to cover the remaining nine raions of Ferghana. The second round was successfully conducted in November, involving a total of 297 health workers. A second monitoring training is planned for the next six months. Based on the results the team will decide on the need for a refresher course. In addition to the anemia seminar the team is planning to organize trainings for laboratory specialists based on materials developed by ZdravPlus's consultant Amanda Cooper.

Introducing Evidenced-Based Clinical Guidelines

Following up on discussions previously initiated by ZdravPlus specialists, a consultant was invited to assess the situation regarding the promotion of evidenced-based medicine (EBM), clinical practice guidelines, and other quality improvement instruments. After meeting with MOH leadership, WB and DFID representatives, and other governmental and non-governmental organizations, two areas for cooperative action between MOH and ZdravPlus were discussed and agreed upon: development of a limited number of PHC standards and guidelines; and establishing an assessment and certification system for health professionals. Additional areas of possible cooperation include: treatment cost calculations for certain diseases/conditions; accreditation of medical education; and support for NGOs. A tentative operation strategy was also developed, and specific activities will start early next year. In addition to the policy discussions, ten Uzbeks participated in a second training on EBM and clinical guidelines organized by AIHA in Almaty in June. Furthermore, two high-level officials from the MOH participated in a study tour to Dubna (Russia) to discuss the process, and observe the results of a successful implementation of the practice guidelines. These activities are expected to have a great input on the process of the guideline development in Uzbekistan.

Mini-residency Program at the Tashkent International Medical Clinic (TIMC)

Collaboration between TIMC and ZdravPlus continued over the last six months. Thirty physicians have been trained. This program allowed them to improve their clinical skills, get better practical knowledge, and acquire a better understanding of the current, western-style provider-client relationship, as well as observe first-hand how international-standard family medicine is provided. Based on the success of the program it was decided to expand and change the direction of the training by including GP trainers from the Tashkent Institute of Postgraduate Education. The first new training round is expected to begin on January 7.

Mentoring in PHC Facilities

Dr. Campbell arrived in Ferghana where he has started to visit local rural SVPs in the 3 pilot raions, observing patients presenting symptoms and the medical practices of local doctors. He is also coming to understand the constraints under which the SVPs operate. With this knowledge he plans to involve GP trainers from the Andijon Medical Institute who will be encouraged to visit the SVPs with him in order to gain medical experience through a mentoring process in order to improve their training capacities and become involved in CQI work in the context of clinical training in the future. There is a hope to integrate into these visits a forum for clinical case conferences involving the local SVP doctors to discuss medical conditions in the context of their practice, and to foster the idea of self-study to enhance and modernize their practice of medicine.

Pharmaceutical Issues

The newly-developed Essential Drug List of Uzbekistan was reviewed and some suggestions, later accepted by the government, were provided. The new list includes 365 drugs. ZdravPlus published three thousand copies, which will be distributed by the MOH. Sixty copies of Pharmacy Laws and Regulations of Uzbekistan (2 volumes) were purchased and distributed to PHC facilities in the three experimental raions. These books will help increase SVP staff awareness of pharmaceutical issues. In addition, the

Oblast Health Department, in conjunction with ASVP, is establishing a Medical Information Center, which will include drug information for doctors throughout the oblast.

Integrated Management of Childhood Illnesses (IMCI)

IMCI activities significantly expanded over the past 6 months. They centered on four core issues: 1) the IMCI roll-out plan and political support; 2) translation and adaptation of the modules into Uzbek; 3) improving the knowledge of the health workers, including practice monitoring; and 4) Improving household and community practices.

IMCI roll-out plan and political support

The IMCI roll-out plan that was discussed during the orientation meeting in May resulted in Ministry of Health resolution #268 that: identified raions of 4 oblasts of Uzbekistan (Ferghana, Syr Darya, Andijon and Navoi) as pilots for IMCI implementation; approved creation of the IMCI centers; determined a list of 13 drugs to be available in the pharmacies of the pilot oblasts; and set the training and monitoring schedules. Thus the ZdravPlus implementation team gained political support from the MOH for its activities. Additionally, during the meeting an agreement was reached on collaborative division of the work among other implementing organizations (UNICEF and Project HOPE) based on the geographical principle.

Translation and adaptation of the IMCI modules into Uzbek

Due to low comprehension of Russian language IMCI material, it was decided to translate all the modules into Uzbek. After the actual translation, the materials were revised and tested during three live trainings at the Ferghana and Navoi training centers to assure the appropriateness of language use. All the changes were introduced in the electronic version and now the modules are ready for copying and wide distribution. The team will solicit bids and send it for printing in early January. Uzbekistan is the first country in Central Asia where an attempt to translate the IMCI materials was made. During live module testing trainers noticed a substantial increase in material comprehension. With the success of the translations, the Pediatric Research Institute expressed a growing interest in translating the trainers' textbook. ZdravPlus will further explore the needs and possibilities.

Improving health workers' knowledge

In order to facilitate trainings, two training centers were created and are supported by ZdravPlus: at the Oblast Pediatric Hospital in Ferghana, serving all raions of Ferghana; and at the Pediatric Research Institute. The Ferghana training center was equipped with a TV, VCR, computer, printer and copy-machine, as well as chairs and tables. Additional renovation will be conducted at both centers on cost-sharing basis with the local partners. A total of three standard 11-day IMCI trainings were conducted in Ferghana for 54 physicians from Besharyk, Kuva and Yazyavan regions. Next year it is planned to conduct an additional 12 trainings with 18 participants at each training.

The number of available qualified trainers and long duration of the course limited the number of trainings conducted in the last 6 months. That is why the program additionally focused on increasing the number of trainers. Six new trainers were prepared and certified in a training of trainers (TOT) course, which brings the total number of trainers in Ferghana to 11. Additionally, in order to increase coverage and prepare more trainers, a TOT course will be conducted in January for the current GP trainers. This step will also work towards the institutionalization of the training process into the governments realm of responsibility, since the program is already a part of the GP training curricula. More sustainability and increased coverage will also be achieved through the introduction of the IMCI course into the curricula of the Pediatric Institute. An agreement on this was already achieved, and orientation activities have already begun.

Monitoring

Two monitoring trainings were conducted for all Ferghana and Tashkent trainers. A series of monitoring visits was begun immediately after the trainings. The results show that 100% of trained physicians are using the IMCI approach for children under five, although more attention should be paid to the counseling part. However, the lack of drugs is an issue of concern and may greatly influence the end-line results.

ZdravPlus has attempted to negotiate with UNICEF and Project HOPE on drug supplies, though unsuccessfully. Another attempt was made to receive the drugs through humanitarian aid shipments coming to Tashkent. The results of this negotiation will be clear in January.

Improving household and community practices

School health, mother's groups, work with health centers and the ARI campaign, which are all parts of IMCI, are described in the corresponding chapters of this report. In addition to this, the work on creating a manual for nurses, who are envisaged to become the main link between the health facilities and communities, has started. The team has researched existing materials on IMCI training for the nurses, and now the translation of some of them is being conducted. The next step will be the development of training modules for the nurses.

Improving Resource Use

Over the past six months, health financing activities have focused on: 1) establishing consensus and developing a legal framework and a step-by-step implementation plan to expand financing and management reforms to three additional raions in Ferghana Oblast in January 2002; 2) working with the Oblast Health Departments in Ferghana, Navoi, and Syr Darya oblasts to refine provider payment systems for PHC facilities, including calculating the overall PHC funds pool, the per capita rate, and adjusting the rate for age and gender; and 3) commenting on health insurance documents.

Health management activities have focused on: 1) training a cadre of health management trainers; 2) providing training to new and established financial managers in all three pilot oblasts; 3) analyzing facility expenditures and facilitating rational use of funds; and 4) initiating discussion on broader institutionalization of health management training.

In health information systems ZdravPlus has been: 1) working closely with the Republican Analytical and Information Center (RIAC) to refine clinical information forms and the data collection process; 2) also with the RIAC, considering analysis of the clinical data in the database to provide to facilities, and to use as aggregate data for several required report forms; and 3) training health personnel to register populations in their catchment areas and supervising the collection of population data in Navoi and Syr Darya Oblasts.

Health Financing and New Provider Payment Systems

Expanding Financing and Management Reforms in Ferghana Oblast

Much effort was put into developing consensus among national and oblast-level stakeholders to expand financing and management reforms in Ferghana Oblast. Consensus was reached to expand reforms gradually, starting with the three control raions (Tashlak, Furkhat, and Ohunbabayev) in January 2002. After consensus was reached, ZdravPlus helped facilitate the development of an appropriate legal framework for expansion (see Legal and Policy Section below).

Refining PHC Provider Payment Systems in Ferghana, Navoi, and Syr Darya Oblasts

ZdravPlus began working with each oblast during the summer to develop joint work plans to guide refinement of PHC provider payment systems for 2002. Navoi and Syr Darya Oblasts provided information on overall health care financing by raion and the pool for PHC resources for 2002. Based on this information, ZdravPlus calculated a new per capita rate and facility budgets for the three experimental raions in Navoi and Syr Darya Oblasts, and included several variations of sex/age adjusters to the 2002 capitated rate. The variations were discussed in early December at a Joint Working Group meeting. Calculations will be refined based on the variation selected by each oblast before January. In Ferghana Oblast, a computerized financing software system will be used to calculate the overall PHC budget, the capitated rate, and PHC facility budgets, as well as to track facility expenditures.

Research of Health Insurance Documents

Julian Simidjiyski, a ZdravPlus legal consultant visited Uzbekistan to provide input on issues of mandatory health insurance (MHI) as well as comment on the draft law on voluntary health insurance.

The main conclusion of the consultant was that MHI should not be implemented in Uzbekistan for the following reasons: 1) MHI is a form of social insurance and Uzbekistan already uses social insurance through general taxation; 2) Uzbekistan has achieved universal health coverage and therefore does not need MHI; 3) the international experience with MHI does not present evidence that MHI is capable of bringing additional money to the pool of public funds for health (without increasing the overall tax burden); 4) MHI could become a driver that moves a well-established system of social insurance back from universal coverage to the coverage of certain population groups and therefore be a step back from universal coverage; 5) MHI is costly; and 6) there are several legal issues that would impede MHI. ZdravPlus provided comments aimed to improve the draft law on voluntary health insurance and to guide its future implementation and regulation. ZdravPlus also commented on a brochure developed to provide information to health providers on health insurance.

Health Management

Training a Cadre of Health Management Trainers

In order to improve and strengthen the management sector of the health care system in Uzbekistan, ZdravPlus organized a four-week health management training of trainers course from July 16-August 11. The course introduced the concept of health management to 26 economics, accounting, financing, quality, and management teachers working in the universities of Uzbekistan, as well as specialists of different health departments in Ferghana, Navoi and Syr Darya Oblasts. The course consisted of six modules including: health care system reform; health financing/provider payment systems; medical statistics and health information systems; health management; and accounting. Successful graduates of the program were selected to take part in trainings for new and established financial managers in Ferghana, Navoi, and Syr Darya Oblasts.

Providing Training to New and Established Financial Managers in all Three Pilot Oblasts

Over the past six months ZdravPlus and its new health management trainers have provided training for new financial managers in Ferghana, Navoi, and Syr Darya Oblasts, as well as training to established financial managers and head doctors in all three oblasts. A two-week training was provided to 29 new financial managers from Ferghana, 10 from Navoi, and 6 from Syr Darya. The course consisted of six modules including: health care system reform; health financing/provider payment systems; medical statistics and health information systems; health management; and accounting. Successful graduates of the training participated in month-long on-site internships and certification processes before they were officially hired as financial managers. Unfortunately, due to problems in candidate selection, many of the financial managers trained from Ferghana Oblast did not meet the requirements of the certification committee. Efforts are being made to improve selection and training processes in cooperation with the Oblast Health Department and the Health project for the next round of financial management training in Ferghana. ZdravPlus felt that the selection and testing processes were not properly competitive or fair, and during a December Joint Working Group meeting lobbied to improve these processes for all future trainings. Trainings were provided by ZdravPlus health management trainers, regional ZdravPlus staff, and representatives from the Ministries of Health and Finance for the majority of financial managers and head doctors in Ferghana, Navoi, and Syr Darya Oblasts on: 1) financial and economic activity analysis; 2) drug procurement and contracting; 3) assets management.

Analyzing Facility Expenditures and Facilitating Rational Use of Funds

ZdravPlus staff in Ferghana collected and analyzed information on expenditures from January to September 2001 from the 47 PHC facilities in the three experimental raions participating in the financing experiment. Results of the analysis showed that facilities had spent about 85% in categories 1 and 2 (Personnel and Personnel Related Costs), while they had only spent about 60% in category (Other Direct Costs). ZdravPlus began working with these facilities intensively before the end of the year to try to increase their spending in order to improve the quality of care and efficiency of service provision. Some delays in expenditures are due to delays in financing; ZdravPlus also will explore ways to resolve these issues.

Initiating Discussion on Broader Institutionalization of Health Management Training

A ZdravPlus consultant met with key stakeholders at the national level to discuss development of health management training programs in Uzbekistan. Both the Second Tashkent Medical Institute and the Tashkent Institute for Advanced Medical Education expressed interest in providing training in health management. The consultant provided a report describing how a curriculum and course content could be developed, who should provide training, and who should be trained. The report will be translated and shared with counterparts in January as a basis for further discussion on developing health management training.

Health Information Systems

Refining Health Information Systems

A consultant was invited to contribute to the development of a further strategy for an HIS for PHC in Uzbekistan. He concluded his visit with a series of recommendations including: 1) expanding our definition of HIS beyond information technology; 2) training end users in the managerial use of information to ensure correct use of available data; 3) enhancing collaboration and partnership with the Republication Information and Analytical Center (RIAC); 4) avoiding commitments to streamline the national HIS, but rather focusing on those aspects of the reporting systems that are key to project objectives; and 5) shifting the focus of our activities to using information rather than on collecting information.

Collaborating with RIAC to Refine Clinical Information System

Combining two of the objectives of the project's new HIS strategy, ZdravPlus began working more closely with RIAC in general, and specifically began collaborating with them to refine the clinical information system. In order to institutionalize our HIS activities, the Ministry of Health signed a decree to integrate oblast and raion PHC computer centers into the oblast medical statistics departments and central raion hospitals respectively. These facilities, under the direction of RIAC have agreed to be responsible for the oblast/raion computer centers, their staff, and the collection and analysis of PHC data. This is a big step in getting the pilot information system institutionalized into the existing government systems. The next step is to continue working on getting the form/reports in the two systems consistent and modernized and not on separate parallel tracks. The government now promises to work with us on this given their new responsibilities. Collection and analysis of PHC data (population and clinical information) will remain the priority of these computer centers and their computers. ZdravPlus and RIAC then discussed ways to improve reporting from the PHC facilities using clinical information forms (CIF) and journals. A concrete plan of activities was developed that includes: 1) developing detailed instructions on CIF completion; 2) creating a short list of coded diagnoses for PHC health personnel; 3) providing CIF feedback reports for raion organizational and methodological departments to complete the necessary statistical forms and for the heads of PHC facilities for their internal management purposes; 4) implementing a CIF training program; 5) training specialists at the computer departments on the clinical information system; 6) developing an advocacy campaign on benefits of the new computerized HIS and using data for improved decision-making; and 7) improving the software system.

Collecting Population Data in Navoi and Syr Darya Oblasts

With assistance from new ZdravPlus computer specialists in these oblasts, ZdravPlus provided training and technical assistance to health personnel in PHC facilities in the three experimental and two control raions in Navoi and Syr Darya Oblasts in registering the populations in their facility's catchment area. Collection of population data began in November in Navoi and will begin shortly in Syr Darya. This data will be entered into a population database at the Oblast Computer Center in each oblast and ultimately will be used to more accurately calculate the capitated rate and facility budgets for these oblasts.

Training of Statisticians

Over the past three months in-service trainings have been conducted to improve the skills of 92 raion and oblast health statisticians. The decision on training was based on the assessment previously conducted that revealed very limited knowledge and understanding of the data and analyses that are asked to be performed.

Improving Legislative, Regulatory and Policy Framework

Legal and Policy Development

Developing a Legal Framework to Guide Financing and Management Expansion in Ferghana Oblast

Letters were exchanged between the Ministry of Health and Ministry of Finance about rolling out the financing reforms to the rest of Ferghana Oblast starting in January 2002. ZdravPlus prepared a preliminary strategy for roll-out that was shared with the World Bank mission and the Health project. The strategy was presented to the Ministries of Health and Finance to inform the development of a joint decree that would serve as the legal basis for roll-out. The draft strategy called for a three-year phased-in approach with all PHC facilities in the three control raions (Tashlak, Furkhat, and Ohunbabayev) being included in the payment system next year. In early November, a ZdravPlus and Health project team met with local authorities in Ferghana Oblast—including the Head of the Oblast Finance Department, the first deputy of Oblast Health Department, and the Director of Oblast Health Project Implementation Bureau—to discuss the expansion of financing and management activities in Ferghana Oblast. The Oblast Health and Financing Departments agreed to expand financing and management reform to the three control raions in Ferghana Oblast in 2002, provided they receive approval and instructions to do so from their respective Ministries. The Oblast Financing Department pledged to make every effort to make funds available for this expansion. In late November, ZdravPlus met with the Ministry of Finance to continue discussing the development of a legal framework to guide expansion of financing and management activities in Ferghana Oblast. A few points were clarified for the Ministry of Finance in early December and ZdravPlus provided technical assistance to develop language for a joint decree. It is hoped that the joint decree will be issued in late December.

Improving Implementation of Financing and Management Reforms in Ferghana

ZdravPlus staff in Tashkent and Ferghana have been following a number of small problems that have arisen regarding managing implementation of reforms, such as late payments, late approvals of budgets, funds rollover in the new special account, tax inspectors closing bank accounts, second signature issues, and late wage increases. Although none of the problems are serious, we have recommended to the Oblast Health Department and the Health project that a management committee be formed and meet monthly to monitor progress on ongoing implementation issues. The committee should include the Oblast Health Department, the Oblast Project Implementation Bureau, the Oblast Finance Department, bank representatives, and other local reform stakeholders as appropriate.

Co-Sponsoring Joint Working Group Meetings

ZdravPlus continued to support the strategy of using Joint Working Groups to gain consensus among reform stakeholders and to resolve policy and implementation issues related to health financing, management, and information systems. Joint Working Group meetings on financing and management issues were held in July and December to discuss the expansion of financing and management reforms in Ferghana Oblast, implementation of refined provider payment systems in Ferghana, Navoi, and Syr Darya Oblasts in January 2002, health management training, recommendations for staffing schedules for SVPs in pilot sites, and financing mechanisms for drugs for protected segments of the population. In September a Joint Working Group meeting was held to discuss health information systems. The meeting discussed implementing the decree on oblast and raion computer centers, creating population databases in Navoi and Syr Darya Oblasts, installing new computer equipment in all three pilot oblasts, and improving document flow at the PHC facility level. Joint Working Group meetings continue to be extremely effective for discussion and resolution of key issues, as well as contributing to the development of close and coordinated working relationships between reform stakeholders and implementers.

TAJIKISTAN
6-Month Report
May – December 2001

COUNTRY SUMMARY BY PILOT SITE

During this reporting period there were significant changes in the ZdravPlus program. In August, Russell Lienert, a doctor from New Zealand, assumed the role of ZdravPlus program manager. Dr. Russell has helped to coordinate nurse and doctor training activities and has greatly improved communication with both USAID and ZdravPlus Almaty. During this reporting period, Abt Associates also developed a cooperative agreement with ORA International. This cooperative agreement will place the ZdravPlus program under the umbrella of ORA International, and will allow ZdravPlus to have legal status in Tajikistan. ZdravPlus will still maintain a separate office and identity, but will be under the management of ORA International. Under the agreement Jeffrey Paulsen, who is the Director of ORA International, will serve as the Country Director, and Russell Lienert will continue as Program Manager. Abt Associates is very positive about this institutional arrangement and has the utmost confidence in ORA's ability to manage the ZdravPlus scope of work with technical direction coming from Almaty.

Another positive development in Tajikistan over recent months has been the loosening of USAID contractor travel restrictions. This change in policy will allow both USAID and their contractors to have a more coordinated presence in Tajikistan. In November, USAID ZdravPlus COTR Mary Skarie and ZdravPlus Regional Manager Courtney Barnett traveled to Dushanbe to meet with the various collaborating partners in Tajikistan and to gain a better idea of how ZdravPlus can continue to work effectively in Tajikistan.

Programmatically, ZdravPlus continues work on building collaborative relationships with partners such as the World Bank, the WHO-funded Somoni Group, the Aga Khan Foundation and CARE to coordinate clinical training activities and to start working in the area of health finance and policy. However, it has become evident that greater coordination between the World Bank PIU project and the Somoni Group would enhance ZdravPlus's ability to provide technical assistance to both programs, particularly in the area of health finance, health management training and health policy. One way that ZdravPlus plans to help coordinate in these areas is to hire a Tajik Health Finance and Policy specialist who will have a coordinating function for ZdravPlus activities.

According to the Presidential Plan for Health Reform in Tajikistan the Ministry of Health has identified five health reform pilot sites: Varzob, Dangara, Leninski, Bokhtar and Kulab. The World Bank PIU is working only in Varzob and Dangara, while the WHO-funded Somoni Group has activities focused in Leninski, Bokhtar and Kulab. ZdravPlus activities are mainly focused on the two World Bank sites and the Leninski pilot site. One of the bigger challenges of late in working in World Bank pilot sites is that progress has been delayed due to the fact that the PIU has yet to receive a "No Objection" confirmation to rationalization plans that were developed by the PIU with assistance from ZdravPlus. Until the "No Objection" confirmation is received, the PIU cannot begin to fully renovate facilities in these pilot sites.

Varzob and Dangara.

In Varzob, under the World Bank project, a model clinic was recently extensively renovated but remains largely unfurnished. Unfortunately, there does not seem to be much health activity going on at present. This is at least partly because the doctors from this district who will eventually work at the clinic are currently in Dushanbe for the six-month family doctor training course at the postgraduate medical institute. At present, patients from Varzob travel to Dushanbe for medical care, which is a little more than 30 minutes travel. It may be some time before this pattern changes even when the Varzob site is fully furnished and staffed. Once this clinic is staffed with doctors who have completed the six-month course at the post-graduate institute, ZdravPlus doctors providing clinical mentoring in other sites will consider also providing clinical mentoring at the Varzob Site. ZdravPlus staff have yet to visit Dangara. The model clinic has been renovated and furnished, and technical equipment has been ordered and may

now be in place. Like Varzob, staff for this clinic is currently attending the training course for family doctors in Dushanbe.

Leninski

Of the five pilot sites, Leninski seems to be functioning best. This clinic was officially opened in August, but had been functioning for some months before that. ZdravPlus assisted this clinic by supplying furniture. The staff at Leninski were trained in the first six-month training course taught by ZdravPlus physicians. ZdravPlus now provides clinical mentoring for doctors there once weekly. There are problems with the electrical and water supplies, but the clinic layout seems to work satisfactorily, and patient numbers have grown.

SUMMARY OF IR ACTIVITIES

Population Involvement

Health Promotion

The Uzbek version of "Where There is no Doctor" has been translated into Tajik and modified so that it is culturally appropriate for the Tajik audience. It is believed that this is a valuable resource especially for rural health workers, and the next step is to gain approval from the Ministry of Health to have it printed and distributed. ZdravPlus is also having some of the ZdravPlus-produced health posters similarly translated and enculturated.

During this reporting period, ZdravPlus-Tajikistan worked to build a solid relationship with the Tajikistan Center for Healthy Lifestyles, with whom we look forward to collaborating on future activities. In addition to providing the Center with a computer and modem to help ensure their connectivity, ZdravPlus also supported a training seminar, co-sponsored with AED, focused on the issues of forming a network of CHL centers throughout Tajikistan. Prof. A. Akanov from the Kazakhstan CHL facilitated the seminar for policymakers from local, regional and national levels, sharing the lessons learned from the Kazakhstani experience. Seminar attendees participated in working groups, producing a document on the principles and strategies for developing a CHL in Tajikistan.

In November, ZdravPlus also sent three participants from Tajikistan to Hungary to participate in a study tour focused on learning lessons from Hungary's experience with marketing health reforms and implementing health promotion and enrollment campaigns.

NGOs and Community Involvement Activities.

In the past six months meetings with representatives of various international and national NGOs and Ministry of Health structures to share ideas about community health activities and education took place. Meetings were held with CARE, the Agha Khan Foundation, the Center for Healthy Lifestyles, and the National NGOs Avesto, Health, and the Tajik Association for Invalid Sport. At present, ZdravPlus is considering a proposal from "Avesto" for community health awareness related to TB.

Quality Improvement

Reproductive Health

ZdravPlus does not have any specific initiatives on Reproductive Health but the project is coordinating with CARE to help identify participants for training in the "Standard Days" method of family planning.

Family Medicine

This area has been by far the central focus of ZdravPlus involvement and contribution in Tajikistan. Classroom training activity has continued with lectures given four days a week at the Tajik Institute for Postgraduate Medical Studies. About 40 doctors are enrolled in the class and are being retrained to

become family doctors. Each of the trainees has been provided with a General Practice textbook, which will be a reference source and fill in any gaps not covered in the program of lectures. Unfortunately, ZdravPlus doctors have not been involved in hands-on clinical training for these trainees, as this is an area of weakness in this course.

Clinical mentoring for newly-trained family doctors continues weekly at the Leninski pilot clinic, and has proved a good environment for teaching practical clinical skills.

ZdravPlus has been in dialogue with the director of the Family Doctor Residency Training Program at the Tajik State Medical University and with the Ministry of Health, and it seems likely that ZdravPlus doctors will soon be able to start teaching on family medicine topics both for the newly-graduated family doctor residents, and also for the undergraduate medical students. It is envisioned that the medical university will ultimately be the most important source of trained family doctors.

ZdravPlus has initiated discussion at WHO among representatives of all the national and international groups involved in training family doctors to try to better understand: 1) the current status of family medicine development; 2) plans for further family medicine development; and 3) how we may each continue to coordinate and contribute in this area. ZdravPlus believes that such multi-party talks are essential for efficient use of personnel and resources in the area of primary health care development, with particular focus being given to training trainers.

ZdravPlus has also been in communication with Dr. Ghafur, the chairman of a working group that has been developing clinical protocols for managing major medical diseases in Tajikistan. ZdravPlus believes that our physician trainers are in a position to contribute to the development of relevant practical and clinical protocols for Tajikistan due to their western training and significant experience in the local medical environment.

ZdravPlus continues to dialogue with the Family Medicine Training Center in Bishkek in the hopes of sending or at least facilitating the training of more Tajik doctors there. The 11-month course is well regarded by the Ministry of Health, and would be ideal to train family medicine trainers.

Nurse Training

Dorothy Finlay was very actively involved in nursing training prior to her departure from Tajikistan at the start of September. She was involved in developing nurses and nurse tutors both in Dushanbe and in the peripheral regions, having conducted seminars in Khojent, Khorog and Kurgan-Tepe. At this time there remains much to be done, both in the training of nurses for primary health care, and in the development of tutor nurses. Since leaving the country Dorothy has continued to work on a curriculum for nursing training in Tajikistan and she hopes it will be possible to return in 2002.

Improving Resource Use & Legislative, Regulative and Policy Framework

Health Information Systems

ZdravPlus was approached by both the World Bank PIU, and the Somoni Group to provide training in ICD-10 coding. ZdravPlus has both the interest and the capacity to provide such training. However, there is some confusion as to how to meet both the needs of the World Bank and the Somoni Group. It is hoped to develop a strategy that will address the needs of both organizations and to be able to provide training early in 2002.

ZdravPlus plans to be able to provide more input in the area of health management and health information systems with the appointment of a *health policy/finance/management specialist*. A job description was created, and recruitment for this person has begun.

Health Finance Policy

ZdravPlus is looking to become more involved in this technical sphere in Tajikistan. During this reporting period, ZdravPlus's main contribution in this area was organizing and co-financing with the World Bank a study tour to the UK and the Netherlands for high-level Tajik health policy makers. The purpose of this trip was to expose decision-makers to the health care system in the UK, specifically, to the way that the system is organized, managed and financed.

TURKMENISTAN

6-Month Report

June-December 2001

COUNTRY SUMMARY

This is the third six-month reporting period for Turkmenistan since the program started. The first six months were spent getting the office established and introducing the staff and our organization. The second six months were spent organizing a large regional conference, several small projects and developing programs requested by the Ministry of Health. The third six-month period has been focused primarily on implementing the WHO “Integrated Management of Childhood Illness” (IMCI) strategy and preparing for the “Keeping Children Healthy” campaign to take place in the spring.

Turkmenistan remains a difficult environment to implement reforms. The working environment in Turkmenistan continues to be a challenge as receiving permission to hold training events is a long and complicated process, and the requirement that foreigners must receive permission to travel within the country is cumbersome. Turkmen participants continue to be denied permission to attend training events outside the country, which is a problem unique to the political climate in the country. It should be noted that this policy is not necessarily supported by ZdravPlus counterparts in the medical infrastructure. With the exception of the cancellation of the Family Medicine Family Doctors Conference, the Government of Turkmenistan has given staff all the support necessary to conduct events and trainings.

The already-challenging environment of Turkmenistan was accentuated during this reporting period after the September 11 attacks in the United States, and the American bombing in Afghanistan that ensued. As a precautionary measure, in light of the regional political situation, Peace Corps Volunteers were evacuated. The evacuation of volunteers was a major loss to the ZdravPlus Program in Turkmenistan, as it was planned to involve these volunteers in many of the community activities planned. During this time, the ZdravPlus Turkmenistan Country Director, Janet Maleski, also made preparations for a possible evacuation. Although the Country Director was not evacuated from Turkmenistan, travel restriction within Turkmenistan and the region served to hamper some of the planned activities of the program for a short time. Since November, travel restrictions have been loosened and ZdravPlus returned to normal business practices.

SUMMARY OF IR ACTIVITIES

Family Medicine Doctors Conference

Since the beginning of the year, ZdravPlus had been in dialogue with a group of physicians who wished to organize a medical conference. The goal was to gather specialists from the Turkmen medical community to present lectures on topics of interest to family physicians. Their objective was to improve their medical knowledge and practice English skills. In August of 2000 the group successfully organized such a conference with ZdravPlus assistance in the forms of financing and technical support from a family medicine specialist. Due to the success of the first conference the group organized another conference to be held in the summer of 2001. ZdravPlus assisted the group to identify a funding agency and offered to act as a co-sponsor.

Unfortunately, the conference has now been cancelled or “postponed” twice by the Ministry of Health. The reason given is that the Ministry of Foreign Affairs has not signed the documents necessary for the MOH to sign the Prikaz. Since only local Turkmen specialists are giving the presentations, it is not clear what objections the MFA may have. It is the opinion of the ZdravPlus staff that because this group wished to organize an event without being requested to by the MOH, (even though the group accepted all the changes the ministry imposed) the MOH feels uncomfortable with the program. The MOH has repeatedly said they like the agenda and want the program to take place but the Prikaz has yet to be signed. It is unclear if the conference will take place in any form.

IMCI

Over the course of the past six months, ZdravPlus has devoted a great deal of time and resources to the implementation of the IMCI strategy in Turkmenistan. This program is doing well and is in the implementation phase. The program has been extremely well received by the Ministry and all levels of medical professionals.

In July, ZdravPlus organized the National Planning and Adaptation Workshop in which a National Plan of Action for the early implementation phase of the IMCI program in Turkmenistan was developed. Attending the conference were representatives from the MOH, the IMCI Working Group, Oblast and Rayon Health Departments, and designated pilot sites in Turkmenistan.

In September, ZdravPlus funded and organized the national TOT course in which trainers from Kazakhstan provided the training. In November and December these recently-trained trainers provided training to physicians in the two pilot sites, Ferab and Sedar. These trainings took place in November and December, and the MCI has provided all necessary support so the trainings could be conducted.

Ferab, an etrap close to the velayat center Turkmenabat, was the first IMCI pilot site to be chosen by the MOH. It is not clear why the MOH chose this site but all levels of the velayat have been very enthusiastic and active in their support of this pilot site. The training of 19 family physicians by six trainers took place November 5-23. It is expected there will be three more courses in this etrap bringing the total number of physicians trained to 68. All aspects of this training went well and it is expected with the level of motivation that the program will be successful.

Serdar is the second IMCI pilot site. Training at this site took place from December 3-21. An evaluation from the national trainers has not yet been received, but it is anticipated that it will be positive. This velayat has also been supportive, although not to the degree of Ferab. There will be two more trainings in Sedar, bringing the total number of physicians trained to 52.

During this implementation stage of the IMCI program per the request of the Government of Turkmenistan, it has become clear that there is a need to begin translating IMCI materials from Russian to Turkmen. This is an understandable request, however, the process will take a long time and must be done to meet the standards of not only the Turkmen medical profession but also WHO. It has been suggested that the translation start with the IMCI Chart Booklet and the IMCI Glossary of Terms.

Keeping Children Healthy Campaign

In 2002, ZdravPlus-Turkmenistan with the help of the Kazakhstan Health Promotion Team will implement the multi-media information, education, and communication (IEC) campaign called "Keeping Children Healthy". The campaign designed by the HCT in Kazakhstan has experienced success in increasing knowledge about preventing and managing common childhood illnesses. The campaign is particularly effective as it seeks to create synergies between the community, the health facility and the reforms that are taking place in the health sector. The timing and messages are designed to complement the clinical training that health providers in each pilot site will receive on the IMCI. To promote the key messages of the campaign, materials such as posters, brochures, and television and radio spots in Russian and Turkmen have already been created, and will be disseminated through various channels. Nurses from Houses of Health will also be involved in this campaign, as they will work to disseminate information related to the campaign through lectures, establishing information booths, and forming caretakers groups.

We have already funded the reproduction of 300 calendars for the year 2002, designed and translated into Turkmen by a former Peace Corps volunteer to be given out to mothers. Each page of the calendar is illustrated by colorful sketches of local families and contains helpful information on nutrition, immunizations, child safety etc.

If Peace Corps Volunteers return to Turkmenistan, volunteers who work in health projects will be invited participate in the Keeping Children Healthy program as a way of linking resources and expanding our opportunity to reach all levels of the community.

Future Activities for ZdravPlus Turkmenistan

Recently ZdravPlus has been approached by the MOH to assist with a variety of programs. It is felt that these requests indicate that there is a level of trust and acceptance toward the work ZdravPlus is doing in the Central Asian Republics and that they are willing to work with our representatives to develop programs where we can work together to improve the health of the Turkmen people. Examples of requests include the following:

- assisting the Ministry of Health in developing a program to upgrade the training of nurses in the country;
- developing a preventive medicine seminar for medical students at the Turkmen State Medical Institute;
- the possibility of a facilitator working with two or three Medical Institute teachers to create a module that meets the needs of the Institute and the Minister of Health (who requested the seminar) is being discussed. This facilitator may help prepare the instructors in methods of teaching the module and then help them by co-presenting the material with the facilitator acting as lead instructor, coach and curriculum consultant.